

2016

The development of a pre-registration nursing competency assessment schedule (NCAS) for use in Australian Universities

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Recommended Citation

Brown, Roy, The development of a pre-registration nursing competency assessment schedule (NCAS) for use in Australian Universities, Doctor of Philosophy thesis, School of Nursing, University of Wollongong, 2016. <https://ro.uow.edu.au/theses/4930>

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THE DEVELOPMENT OF A PRE-REGISTRATION NURSING COMPETENCY ASSESSMENT SCHEDULE (NCAS) FOR USE IN AUSTRALIAN UNIVERSITIES (Appendices)

A thesis submitted in fulfilment of the requirements
for the award of the degree of

Doctor of Philosophy

from

University of Wollongong



By

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School of Nursing
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2016

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Appendix 1: National Competency Standards for the Registered Nurse NMBA (2006)



Introduction

National competency standards for registered nurses were first adopted by the Australian Nursing and Midwifery Council (ANMC) in the early 1990s. The ANMC was a peak national and midwifery organisation established in 1992 to develop a national approach to nursing and midwifery regulation. The ANMC worked in conjunction with the state and territory nursing and midwifery authorities (NMRA) to produce national standards – an integral component of the regulatory framework – to help nurses and midwives deliver safe and competent care.

The ANMC officially became the Australian Nursing and Midwifery Accreditation Council (ANMAC) on 24 November 2010. The name change reflected ANMC's appointment as the independent accrediting authority for the nursing and midwifery professions under the new National Registration and Accreditation Scheme (the [National Scheme](#)) that came into effect on 1 July 2010 (18 October 2010 in Western Australia).

With the onset of the National Scheme, the Nursing and Midwifery Board of Australia ([National Board](#)), took responsibility for the regulation of nurses and midwives in Australia, thus taking ownership of the national competency standards for registered nurses.

Since creation, these national competency standards have undergone periodic review and revision, which included extensive consultation with nurses around Australia. This helped to make sure the competency standards remained contemporary and congruent with legislative requirements.

The resulting standards, while different in some areas from the previous competency standards, remain broad and principle-based so that they are sufficiently dynamic for practising nurses and the nurse regulators to use as a benchmark to assess competence to practise in a range of settings.

What are the standards used for?

The national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your registration as a registered nurse in Australia.

As a registered nurse, these core competency standards provide you with the framework for assessing your competence, and are used by the National Board to assess competence as part of the annual renewal of registration, to assess nurses:

- educated overseas seeking to work in Australia
- returning to work after breaks in service, or
- involved in professional conduct matters.

The National Board may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurses.

Universities also use the standards when developing nursing curricula, and to assess student and new graduate performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurses in a variety of settings. Included also are the principles of assessment to help you understand how these standards may be used to assess performance. We believe you will find them user-friendly and easy to understand.

Description of the registered nurse on entry to practice

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, National Board standards and codes, educational preparation, relevant legislation and context of care. The registered nurse practises independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.

The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health and prevention of illness for individuals with physical or mental illness, disabilities and/or rehabilitation needs, as well as alleviation of pain and suffering at the end stage of life.

The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individuals and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact

on an individual's responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately.

The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.

The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service providers, and community and support services.

The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.

Domains

The competencies which make up the National Board *National competency standards for the registered nurse* are organised into domains.

Professional practice

This relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

Critical thinking and analysis

This relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

Provision and coordination of care

This domain relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals /groups, planning, implementation and evaluation of care.

Collaborative and therapeutic practice

This relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to nurses understanding their contribution to the interdisciplinary health care team.

National competency standards for the registered nurse

Professional practice

Relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

1. Practises in accordance with legislation affecting nursing practice and health care
 - 1.1 Practises in accordance with legislation affecting nursing practice and health care:
 - identifies legislation governing nursing practice
 - describes nursing practice within the requirements of common law
 - describes and adheres to legal requirements for medications
 - identifies legal implications of nursing interventions
 - actions demonstrate awareness of legal implications of nursing practice
 - identifies and explains effects of legislation on the care of individuals/groups
 - identifies and explains effects of legislation in the area of health, and
 - identifies unprofessional practice as it relates to confidentiality and privacy legislation.
 - 1.2 Fulfills the duty of care:
 - performs nursing interventions in accordance with recognised standards of practice
 - clarifies responsibility for aspects of care with other members of the health team
 - recognises the responsibility to prevent harm, and
 - performs nursing interventions following comprehensive and accurate assessments.
 - 1.3 Recognises and responds appropriately to unsafe or unprofessional practice:
 - identifies interventions which prevent care being compromised and/or law contravened
 - identifies appropriate action to be taken in specified circumstances
 - identifies and explains alternative strategies for intervention and their likely outcomes

National Competency Standards for the Registered Nurse



- identifies behaviour that is detrimental to achieving optimal care, and
 - follows up incidents of unsafe practice to prevent recurrence.
2. Practises within a professional and ethical nursing framework
- 2.1 Practises in accordance with legislation affecting nursing practice and health care:
- accepts individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
 - ensures that personal values and attitudes are not imposed on others
 - conducts assessments that are sensitive to the needs of individuals/groups
 - recognises and accepts the rights of others
 - maintains an effective process of care when confronted by differing values, beliefs and biases
 - seeks assistance to resolve situations involving moral conflict, and
 - identifies and attempts to overcome factors which may constrain ethical decisions, in consultation with the health care team.
- 2.2 Integrates organisational policies and guidelines with professional standards:
- maintains current knowledge of and incorporates relevant professional standards into practice
 - maintains current knowledge of and incorporates organisational policies and guidelines into practice
 - reviews and provides feedback on the relevance of organisational policies and professional standards procedures to practice
 - demonstrates awareness and understanding of developments in nursing that have an impact on the individual's capacity to practise nursing, and
 - considers individual health and wellbeing in relation to being fit for practice.
- 2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups:
- demonstrates respect for individual/group common and legal rights in relation to health care
 - identifies and adheres to strategies to promote and protect individual/group rights
 - considers individual/group preferences when providing care
 - clarifies individual/group requests to change and/or refuse care with relevant members of the health care team
 - advocates for individuals/groups when rights are overlooked and/or compromised
 - accepts individuals/groups to whom care is provided regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
 - ensures that personal values and attitudes are not imposed on others
 - undertakes assessments which are sensitive to the needs of individuals/groups
 - recognises and accepts the rights of others
 - maintains an effective process of care when confronted by differing values, beliefs and biases
 - provides appropriate information within the nurse's scope of practice to individuals/groups
 - consults relevant members of the health care team when required
 - questions and/or clarifies orders and decisions that are unclear, not understood or questionable, and
 - questions and/or clarifies interventions that appear inappropriate with relevant members of the health care team.
- 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures:
- identifies when resources are insufficient to meet care needs of individuals/groups
 - communicates skill mix requirements to meet care needs of individuals/groups to management
 - protects the rights of individuals and groups and facilitates informed decisions
 - identifies and explains policies/practices which infringe on the rights of individuals or groups
 - clarifies policies, procedures and guidelines when rights of individuals or groups are compromised, and
 - recommends changes to policies, procedures and guidelines when rights are compromised.
- 2.5 Understands and practises within own scope of practice:
- seeks clarification when questions, directions and decisions are unclear or not understood
 - undertakes decisions about care that are within scope of competence without consulting senior staff

- raises concerns about inappropriate delegation with the appropriate registered nurse
 - demonstrates accountability and responsibility for own actions within nursing practice
 - assesses consequences of various outcomes of decision making
 - consults relevant members of the health care team when required, and
 - questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team.
 - 2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care:
 - maintains a current knowledge base
 - considers ethical responsibilities in all aspects of practice
 - ensures privacy and confidentiality when providing care, and
 - questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team.
 - 2.7 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers:
 - understands requirements of statutory and professionally regulated practice
 - understands requirements for delegation and supervision of practice, and
 - raises concerns about inappropriate delegation with the relevant organisational or regulatory personnel.
- Critical thinking and analysis**
- Relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.
- 3. Practises within an evidence-based framework
 - 3.1 Identifies the relevance of research to improving individual/group health outcomes:
 - identifies problems/issues in nursing practice that may be investigated through research
 - considers potential for improvement in reviewing the outcomes of nursing activities and individual/group care
 - discusses implications of research with colleagues participates in research, and
 - 3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care:
 - uses relevant literature and research findings to improve current practice
 - participates in review of policies, procedures and guidelines based on relevant research
 - identifies and disseminates relevant changes in practice or new information to colleagues
 - recognises that judgements and decisions are aspects of nursing care, and
 - recognises that nursing expertise varies with education, experience and context of practice.
 - 3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence:
 - demonstrates understanding of the registered nurse role in contributing to nursing research
 - undertakes critical analysis of research findings in considering their application to practice
 - maintains accurate documentation of information which could be used in nursing research, and
 - clarifies when resources are not understood or their application is questionable.
 - 3.4 Supports and contributes to nursing and health care research:
 - participates in research, and
 - identifies problems suitable for research.
 - 3.5 Participates in quality improvement activities:
 - recognises that quality improvement involves ongoing consideration, use and review of practice in relation to practice outcomes, standards and guidelines and new developments
 - seeks feedback from a wide range of sources to improve the quality of nursing care
 - participates in case review activities, and
 - participates in clinical audits.
 - 4. Participates in ongoing professional development of self and others
 - 4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance:
 - undertakes regular self-evaluation of own nursing practice

- seeks and considers feedback from colleagues about, and critically reflects on, own nursing practice, and
 - participates actively in performance review processes
- 4.2 Participates in professional development to enhance nursing practice:
- reflects on own practice to identify professional development needs
 - seeks additional knowledge and/or information when presented with unfamiliar situations
 - seeks support from colleagues in identifying learning needs
 - participates actively in ongoing professional development, and
 - maintains records of involvement in professional development which includes both formal and informal activities.
- 4.3 Contributes to the professional development of others:
- demonstrates an increasing responsibility to share knowledge with colleagues
 - supports health care students to meet their learning objectives in cooperation with other members of the health care team
 - facilitates mutual sharing of knowledge and experience with colleagues relating to individual/group/unit problems
 - contributes to orientation and ongoing education programs
 - acts as a role model to other members of the health care team
 - participates where possible in preceptorship, coaching and mentoring to assist and develop colleagues
 - participates where appropriate in teaching others including students of nursing and other health disciplines, and inexperienced nurses, and
 - contributes to formal and informal professional development.
- 4.4 Uses appropriate strategies to manage own responses to the professional work environment:
- identifies and uses support networks
 - shares experiences related to professional issues with colleagues, and
 - uses reflective practice to identify personal needs and seek appropriate support.

Provision and coordination of care

Relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/ groups, planning, implementation and evaluation of care.

5. Conducts a comprehensive and systematic nursing assessment
- 5.1 Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group:
- approaches and organises assessment in a structured way
 - uses all available evidence sources, including individuals/groups/significant others, health care team, records, reports, and own knowledge and experience
 - collects data that relate to physiological, psychological, spiritual, socio-economic and cultural variables on an ongoing basis
 - understands the role of research-based, and other forms of evidence
 - confirms data with the individual/group and members of the health care team
 - uses appropriate assessment tools and strategies to assist the collection of data
 - frames questions in ways that indicate the use of a theoretical framework/structured approach, and
 - ensures practice is sensitive and supportive to cultural issues.
- 5.2 Uses a range of assessment techniques to collect relevant and accurate data:
- uses a range of data-gathering techniques, including observation, interview, physical examination and measurement in obtaining a nursing history and assessment
 - collaboratively identifies actual and potential health problems through accurate interpretation of data
 - accurately uses health care technologies in accordance with manufacturer's specification and organisational policy
 - identifies deviations from normal, or improvements, in the individual's/group's health status, and
 - identifies and incorporates the needs and preferences of the individual/ group into a plan of care.

- 5.3 Analyses and interprets assessment data accurately:
 - recognises that clinical judgements involve consideration of conflicting information and evidence
 - identifies types and sources of supplementary information for nursing assessment
 - describes the role of supplementary information in nursing assessment, and
 - demonstrates knowledge of quantitative and qualitative data to assess individual/group needs.
6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team
 - 6.1 Determines agreed priorities for resolving health needs of individuals/groups:
 - incorporates relevant assessment data in developing a plan for care
 - determines priorities for care, based on nursing assessment of an individual's/group's needs for intervention, current nursing knowledge and research, and
 - considers individual/group preferences when determining priorities for care in performance review processes.
 - 6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement:
 - establishes realistic short- and long-term goals that identify individual/group health outcomes and specify condition for achievement
 - identifies goals that are measurable, achievable, and congruent with values and beliefs of the individual/group and/or significant others
 - uses resources to support the achievement of outcomes, and
 - identifies criteria for evaluation of expected outcomes.
 - 6.3 Documents a plan of care to achieve expected outcomes:
 - ensures that plans of care are based on an ongoing analysis of assessment data
 - plans care that is consistent with current nursing knowledge and research, and
 - documents plans of care clearly.
 - 6.4 Plans for continuity of care to achieve expected outcomes:
 - collaboratively supports the therapeutic interventions of other health team members
 - maintains and documents information necessary for continuity of the plan of care
 - responds to individual/group or carer's educational needs
 - provides or facilitates provision of an individual's/group's or carer's resources and aids as required
 - identifies and recommends appropriate agency, government and community resources to ensure continuity of care
 - initiates necessary contacts and referrals to external agencies, and
 - forwards all information needed for continuity of care when an individual/group is transferred to another facility or discharged.
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes
 - 7.1 Effectively manages the nursing care of individuals/groups:
 - uses resources effectively and efficiently in providing care
 - performs actions in a manner consistent with relevant nursing principles
 - performs procedures confidently and safely
 - monitors responses of individuals/groups throughout each intervention and adjusts care accordingly, and
 - provides education and support to assist development and maintenance of independent living skills
 - 7.2 Provides nursing care according to the documented care or treatment plan:
 - acts consistently with the predetermined plan of care
 - uses a range of appropriate strategies to facilitate the individual/group's achievement of short and long term expected goals
 - 7.3 Prioritises workload based on the individual/group's needs, acuity and optimal time for intervention:
 - determines priorities for care, based on nursing assessment of an individual/group's needs for intervention, current nursing knowledge and research

- considers the individual/group's preferences when determining priorities for care
 - 7.4 Responds effectively to unexpected or rapidly changing situations
 - responds effectively to emergencies
 - maintains self-control in the clinical setting and under stress conditions
 - implements crisis interventions and emergency routines as necessary
 - maintains current knowledge of emergency plans and procedures to maximise effectiveness in crisis situations, and
 - participates in emergency management practices and drills according to agency policy
- 7.5 Delegates aspects of care to others according to their competence and scope of practice:
- delegates aspects of care according to role, functions, capabilities and learning needs
 - monitors aspects of care delegated to others and provides clarification/assistance as required
 - recognises own accountabilities and responsibilities when delegating aspects of care to others, and
 - delegates to and supervises others consistent with legislation and organisational policy.
- 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately:
- supervises and evaluates nursing care provided by others
 - uses a range of direct and indirect techniques such as instructing, coaching, mentoring, and collaborating in the supervision and support of others
 - provides support with documentation to nurses being supervised or to whom care has been delegated, and
 - delegates activities consistent with scope of practice/competence
- 7.7 Educates individuals/groups to promote independence and control over their health
- identifies and documents specific educational requirements and requests of individuals/groups
 - undertakes formal and informal education sessions with individuals/groups as necessary, and
 - identifies appropriate educational resources, including other health professionals.
- 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care
- recognises when nursing resources are insufficient to meet an individual's/group's needs
 - demonstrates flexibility in providing care where resources are limited, and
 - recognises the responsibility to report to relevant persons when level of resources risks compromising the quality of care
8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team
- 8.1 Determines progress of individuals/groups toward planned outcomes:
- recognises when individual's/group's progress and expected progress differ and modifies plans and actions accordingly
 - discusses progress with the individual/group
 - evaluates individual/group responses to interventions, and
 - assesses the effectiveness of the plan of care in achieving planned outcomes
- 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data:
- revises expected outcomes, nursing interventions and priorities with any change in an individual's/group's condition, needs or situational variations
 - communicates new information and revisions to members of the health care team as required
- ## Collaborative and therapeutic practice
- Relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to nurses understanding their contribution to the interdisciplinary health care team.
9. Establishes, maintains and appropriately concludes therapeutic relationships
- 9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries:

- demonstrates empathy, trust and respect for the dignity and potential of the individual/group
 - interacts with individuals/groups in a supportive manner
 - effectively initiates, maintains and concludes interpersonal interactions
 - establishes rapport with individuals/groups that enhances their ability to express feelings, and fosters an appropriate context for expression of feeling
 - understands the potential benefits of partnership approaches on nurse individual/group relationships, and
 - demonstrates an understanding of standards and practices of professional boundaries and therapeutic relationships.
- 9.2 Communicates effectively with individuals/groups to facilitate provision of care:
- uses a range of effective communication techniques
 - uses language appropriate to the context
 - uses written and spoken communication skills appropriate to the needs of individuals/groups
 - uses an interpreter where appropriate
 - provides adequate time for discussion
 - establishes, where possible, alternative communication methods for individuals/groups who are unable to verbalise, and
 - uses open/closed questions appropriately.
- 9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort:
- identifies and uses strategies which encourage independence
 - identifies and uses strategies which affirm individuality
 - uses strategies which involve the family/significant others in care
 - identifies and recommends appropriate support networks to individuals/groups
 - identifies situations which may threaten the dignity/integrity of an individual/group
 - implements measures to maintain dignity of individuals/groups during periods of self-care deficit
- implements measures to support individuals/groups experiencing emotional distress, and
 - information is provided to individuals/groups to enhance their control over their own health care.
- 9.4 Assists and supports individuals/groups to make informed health care decisions:
- facilitates and encourages individual/group decision-making
 - maintains and supports respect for an individual/group's decision through communication with other members of the interdisciplinary health care team, and
 - arranges consultation to support individuals/groups to make informed decisions regarding health care
- 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security:
- demonstrates sensitivity, awareness and respect for cultural identity as part of an individual's/group's perceptions of security
 - demonstrates sensitivity, awareness and respect in regard to an individual's/group's spiritual needs
 - involves family and others in ensuring that cultural and spiritual needs are met
 - identifies, eliminates or prevents environmental hazards where possible
 - applies relevant principles to ensure the safe administration of therapeutic substances
 - maintains standards for infection control
 - applies ergonomic principles to prevent injury to individual/group and self
 - prioritises safety problems
 - adheres to occupational health and safety legislation
 - modifies environmental factors to meet an individual/group's comfort needs where possible
 - promotes individual/group comfort throughout interventions, and
 - uses ergonomic principles and appropriate aid to promote the individual/group's comfort
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care

- 10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual's/group's needs and health care setting:
- recognises the impact and role of population, primary health and partnership health care models
 - recognises when to negotiate with, or refer to, other health care or service providers
 - establishes positive and productive working relationships with colleagues, and
 - recognises and understands the separate and interdependent roles and functions of health care team members.
- 10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers:
- explains the nursing role to the interdisciplinary team and service providers
 - maintains confidentiality in discussions about an individual/group's needs and progress
 - discusses individual/group care requirements with relevant members of the health care team
 - collaborates with members of the health care team in decision making about care of individuals/groups
 - demonstrates skills in written, verbal and electronic communication, and
 - documents, as soon possible, forms of communication, nursing interventions and individual/group responses
- 10.3 Facilitates coordination of care to achieve agreed health outcomes:
- adopts and implements a collaborative approach to practice
 - participates in health care team activities
 - demonstrates the necessary communication skills to manage avoidance, confusion and confrontation
 - demonstrates the necessary communication skills to enable negotiation
 - demonstrates an understanding of how collaboration has an impact on the safe and effective provision of comprehensive care
 - establishes and maintains effective and collaborative working relationships with other members of the health care team
- consults with relevant health care professionals and service providers to facilitate continuity of care
 - recognises the contribution of, and liaises with, relevant community and support services
 - records information systematically in an accessible and retrievable form
 - ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations are used, and
 - establishes and maintains documentation according to organisational guidelines and procedures.
- 10.4 Collaborates with the health care team to inform policy and guideline development:
- regularly consults policies and guidelines
 - demonstrates awareness of changes to policies and guidelines
 - attends meetings and participates in practice reviews and audits, and
 - demonstrates understanding of the implications of national health strategies for nursing and health care practice.

Glossary

ANMAC

The Australian Nursing and Midwifery Accreditation Council, which is the new name for the ANMC

ANMC

Australian Nursing and Midwifery Council

Appropriate

Matching the circumstances, meeting needs of the individual, group or situation

Attributes

Characteristics which underpin competent performance

Competence

The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/ or superior performance in a profession/occupational area

Competency element

Represents a sub-section of a competency unit, and contains examples of competent performance known as cues

Competency standards

Consist of competency units and competency elements

Competency unit

Represents a stand-alone function or functional area underlying some aspect of professional performance

Competent

The person has competence across all the domains of competencies applicable to the nurse, at a level that is judged to be appropriate for the level of nurse being assessed

Contexts

The setting/environment where competence can be demonstrated or applied

Core competency standards

Essential competency standards for registration

Cues

Generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist in assessment, self-reflection and curriculum development

Domains

An organised cluster of competencies in nursing practice

Enrolled nurse (EN)

A person registered to provide nursing care under the supervision of a registered nurse

Exemplars

Concrete examples typical of competence. They are not the standard but are indicative of the standard

National Board

The Nursing and Midwifery Board of Australia

National Scheme

The National Registration and Accreditation Scheme that commenced on 1 July 2010

NMRAs

Nursing and midwifery regulatory authorities (states and territories)

Nursing and Midwifery Board of Australia

The national body responsible for the regulation of nurses and midwives

Registered nurse (RN)

A person registered to practise nursing in Australia

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This document was originally developed and published under the auspices of the Australian Nursing and Midwifery Council. When the National Registration and Accreditation Scheme (National Scheme) began in Australia in 2010, this publication became property of the Nursing and Midwifery Board of Australia, as the body responsible for the regulation of nurses and midwives. Except to update the design and names of relevant organisations, and apply rebranding to reflect current ownership, the content or intent of the original document has not changed unless indicated otherwise.

Nursing and Midwifery Board of Australia

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Appendix 2: Submission for Funding

- 2 i Carrick/Australian Learning and Teaching Council Proposal (Crookes, Brown & Waters 2007)
- 2 ii Letter of Support Council of Deans of Nursing and Midwifery (Aus-NZ)

Appendix 2i – Carrick/ALTC Proposal

The purpose of the proposed project (see Program Criteria), the rationale (including the relationship with institutional priorities for learning and teaching), proposed outcomes and deliverables and an evaluation strategy

Project Aim:

The aim of this project, is to develop a nationally agreed competency assessment tool, to be used to assess undergraduate nursing students across Australia. The tool will encompass the regulatory competencies (Allen, 2000) mandated by the Australian Nursing and Midwifery Council and employer competencies (Allen, 2000). At present the ANMC Competencies are not easy to assess in practice, being phrased as they are, in fairly general terms. Our plan is, therefore, to articulate the competencies more clearly, so as to facilitate their usage by assessors; plus, to devise an agreed list of technical nursing skills, which all new nursing graduates (new grads) will have been assessed against. The CDNM (ANZ) has given its support for this project at recent meetings of the Council (a supporting letter from the Council is attached to this proposal).

The Australian Universities Teaching Committee project (Clare et al 2002) recognised that clinical learning activities are ‘at the heart’ of nursing education but that they are a ‘contentious issue’ for the profession. Both practice performance and competency assessment continue to be problematic. It is intended that this work will build on the recommendations of this project - ‘the identification of benchmarks and standards’ so that there is clarity in what competencies are expected of the new grad. This project, then, builds both on the project and the project team of the 2002 AUTC grant, given that both project teams share a focus on clinical practicum and a core membership.

In achieving the above, the project will reflect the Carrick Institute objective to ‘support strategic change in higher education institutions’ and will: provide a clearer articulation of what could/should be expected of newly graduating, comprehensively prepared registered nurses in Australia; and, an agreed scope of practice for same, with the potential for enhancing the confidence of, and in, these nurses. The team further believes that if successful in the above, this project will have a major, positive impact on the retention of newly graduating nurses, for the fairly obvious reason that there will no longer be uncertainty about what they can and can’t be expected to be capable of. In

achieving this, this application relates directly to Priority One – Research and Development focusing on issues of emerging and continuing importance, namely “performance indicators for learning and teaching”

Rationale

Over the past few years, the research team, in the main, senior and long-standing members of the Council of Deans of Nursing and Midwifery (Australia and New Zealand) [CDNM (ANZ)] - the peak body for Higher Education-based (HE) nurse education in these countries, have been reflecting upon what it is that the nursing profession expects of newly graduating Registered Nurses (RNs). It seems to the team, that there is a sense of disappointment with the ‘product’ of contemporary nursing programmes in that ‘new grads’ (people who have recently completed accredited courses and are eligible for licensure/registration as a nurse) are often referred to as not being ‘competent’ by clinically based colleagues. Interestingly, however, when one asks what it is that they cannot do that should be able to do, those same colleagues tend to refer to ‘work readiness’ and lack of adeptness in technical nursing skills such as ‘drug administration’ or ‘wound care’. In other words, they do not ‘hit the wards running’ as they cannot be counted upon to act, from day 1, as a fully-fledged member of the RN team – carrying a patient load, in the (typical) ‘patient allocation’ model of care. They do not refer to the ANMC Competencies for Registered Nurses.

A common further complaint is that they do not possess ‘time-management’ skills as they find it hard to juggle the competing priorities of a complex patient load, in as timely and effective a fashion as (some) experienced colleagues. Often the comment is made that this is ‘basic’ time management – it is our contention that managing such a patient load, particularly if unguided by more experienced colleagues, is in fact anything but basic. Rather it is a complex task requiring not only insights into the myriad of needs (personal and clinical) of the patient group and their relatives, but also the routines and expectations of the clinical area(s) in which the care is being delivered.

That there may be a fundamental flaw in the received wisdom that the best care delivery method is ‘patient allocation’ - where groups of patients are cared for by an individual nurse, is the material for other projects. Here the issue is that in such circumstances, it is not surprising that newly graduated nurses are seen as ‘incompetent’ (not only by

others, but sometimes by themselves too) basically because the expectation is too high. It is too high, because the role (new grad and RN) is so undefined in contemporary nursing, and new grads are nowadays to be found in all areas of clinical practice, that it is virtually impossible to 'hit the wards running'. It would be difficult for even an experienced RN to be able to do this; when the nurse is a novice, it is foolish to expect it.

Compounding this problem is the fact that each University nursing school in Australia has its own unique clinical assessment tool(s), albeit based on the same (Australian Nursing and Midwifery Council) competency standards. The research team further believes that each programme may focus on different 'technical nursing skills'. The implication of these last two points is that there is scope for very different outcomes for graduates even within programmes, let alone across them. The variations across programmes causes further concerns for clinical colleagues as they are often called upon to be involved in the clinical assessment of undergraduate nursing students. It may even be so that in some cases, nursing students from different universities can be in a clinical area at the same time, being assessed using very different assessment forms and practices. This is confusing and time-consuming, and underlines the merit of developing a generic clinical assessment tool to be used by all.

Together these issues highlight an issue of emerging and continuing importance in learning and teaching: the need for the development of one nationally agreed competency tool, building on ANMC competencies, and encompassing both regulatory and employment competencies (Allen, 2000). These views have also been tested via a systematic literature review (Crookes and Inoue, 2007) which identified that a plethora of literature exists about what competencies are and the history of the competency movement internationally. There has also been an increase in recent years, of papers on competencies in specialist areas of nursing. The literature is, however, almost silent on the issue of 'what newly graduating nurses should be able to do'. Some work has been done in the UK (Royal College of Nursing, UK, 2005) and Canadian Provincial nursing organisations (eg. The College of Registered Nurses of Ontario, 2005 and The College of Registered Nurses of British Columbia, 2006), but these, in the main, tend to refer to the skills set aspect of the role (Phase 1a. of our proposal) or retain the problems of the ANMC Competencies outlined earlier (ie. rather being general in nature and thus hard to assess in practice). What is perhaps most illuminating, is the fact that the RCN (UK)

materials make the point that their ‘basic grade of nurse – the Competent Nurse’ will be a newly qualified RN or an RN who has moved to a new area, who will take up to 12 months to become “experienced” (2005); while the Canadian papers are slightly unclear as they seem to imply that entry level nurses are obviously in the midst of consolidating competencies.

Relationship with institutional priorities for learning and teaching

This project clearly seeks to produce performance indicators for learning and teaching - in this case, a clinical assessment tool to be used across the sector, agreed to by the (HE) sector and clinicians. This project therefore reflects the Carrick Institute objective to ‘support strategic change in higher education institutions’ and uses a strong theoretical framework to do so: the proposed tool will be based on literature reviews, the ANMC competency framework, an audit of technical skills currently in programmes and will seek input from clinicians and academics (as outlined specifically in the methodology section).

In addition to addressing the learning and teaching priorities of Carrick this project will also foster national leadership. It will build on an existing relationship between partnering institutions and supporting bodies such as CDNM, to guide the project and learn through active participation. The project will also foster strategic change through consultation to establish linkages and ground the project, and undertake outreach and professional development for nursing academics and clinicians through within-state forums and opportunistic outreach. Forums will have the objectives of sharing project outcomes on good practice in teaching and assessing nursing skills, establishing links between academics and clinicians for sharing insights on competence development, and planning for changed practice at the curriculum and practice level. The forums will link nursing academics and clinicians within and between institutions.

Proposed outcomes and deliverables

We are confident of successfully developing a clinical assessment tool (CAT), for use by all nursing schools producing RNs in Australia: based on a clearer articulation of the existing ANMC Competencies; using an agreed process and a clear set of criteria, to maximise the reliability and validity of competency assessment in UG nursing programmes. This will be linked to an agreed list of technical skills which can be

‘reasonably expected’ of new grads, which will have been assessed on an on-going basis during pre-registration preparation. It is important to note this tool will inform current CATs; with further evaluation and refinement future curricula may be developed to complement this tool.

This will be invaluable to the discipline of nurse education, as a basis for ongoing curriculum development, as well as work related to such things as the structure and content of clinical practicum and clinical simulation activities. It will also be invaluable to the discipline of nursing per se as we hope to see that in articulating a clearer set of expectations for new grads, we may see an environment where they are more fully accepted as ‘competent’ within their agreed scope of practice. If this becomes so, then the chances they will be supported to become fully competent in their chosen speciality (many forget that specialisation in nursing, begins on graduation) and thus provide good care and choose to stay in nursing. These outcomes prove the potential for high impact and sustainability: strategies will be utilised to maximise dissemination and embedding of exemplary institutional and/or individual practice in learning and teaching in higher education. Regular progress reports and a final written report on the conduct of the project will be provided to Carrick, as specified in the funding agreement (see Appendix 1a).

Proposed approach and methodology

Best practice regarding the structure of such a tool, as well as the practicalities of assessing clinical competence will be sought, via an extension of the existing literature review (this did not cover ‘how to best assess competence’, for example), and an audit of existing practice via consultation with key stakeholders and experts from nursing and other disciplines (eg. Speech Pathology, via the COMPASS Project). There is also an intention to incorporate the work of the International Council of Nursing (ICN) into this project, during the development of international competency statements for care workers, including RN’s, as they are currently undertaking work leading to an International statement on nursing competence.

The project will be 2 years in duration and undertaken firstly in two parallel, simultaneous phases:

Phase 1a, another which will see the development of an agreed list of technical skills to be expected of all newly graduating RN’s (Employer Competencies); and

Phase 1b, looking at more clearly articulating the ANMC Competencies as the basis for more consistent assessment in clinical areas (Regulatory Competencies).

Together the outcomes of these phases will inform the development of the assessment tool in Phase 2. Phase 3 will incorporate dissemination of the tool and Phase 4, the final report.

There is also a longer-term vision for this project (beyond the scope of this project) in that further refinement and evaluation of the tool will be required to successfully integrate the tool across Australian universities. It is foreseen that this will proceed via a submission for the Carrick 2008 Priority Projects Programme as we understand that these activities fall within the remit of this programme.

Phase 1a - Employer Competencies (2007-2008)

Phase 1a will be led by researchers at Curtin University of Technology, namely Rose Chapman and Jill Downie, supported by Roy Brown (UOW). There will be a two-pronged approach: a review of the literature on technical skills in nursing practice and an audit of the lists of technical skills outlined in the various curriculum documents of nursing schools around Australia and New Zealand. Curriculum documents will be obtained via email or post, or consultation via the telephone or in person if required. This will lead to the development of an all-inclusive list of technical skills via a comparison of the content of the various lists. Data will also be collected regarding how and when these skills are covered and assessed. This list will then form the basis of a Delphi survey, seeking input from an expert panel consisting of nurse educators and clinicians across Australia to identify an agreed list of 'reasonable expectations' of technical skills for newly graduating nurses. The Delphi technique allows for refinement of expert opinion to occur in a systematic manner.

The role of the partnering institutions in this phase will be to identify the relevant professionals in their respective jurisdictions, and to invite and encourage them to participate in the Delphi survey as a member of the expert panel. This role of in-state liaisons, incorporating the building upon of existing contacts and initiating and developing new links, is key to the success of the project and of the future utilisation of the tool.

After conducting the audit of lists of technical skills this group will conduct the Delphi process. Delphi is a survey technique that enables systematic and controlled refinement

of expert opinion to ultimately arrive at consensus; it is an anonymous and inexpensive research technique (Bowles, 1999). In this instance, the Delphi will be used to review and refine all obtained lists of technical skills into one complete list by reducing repetition and grouping similar skills. The project team will finalise the various survey instruments and conduct data analysis between survey rounds.

Appendix 2ii –CDNM Letter of Support



20 April 2007
Associate Professor
Director
Discipline based Initiatives, Resource Identification & Networking
Carrick Institute
PO Box 2375
Strawberry Hills NSW 2012

Dear Associate Professor

Re. Competitive Grants Program 2007

Thank you for your letter dated 9 March 2007 updating the Council of Deans of Nursing and Midwifery on key developments within the Discipline-based Initiatives Scheme of the Carrick Institute and drawing our attention to the current call for tenders. I believe you have been in contact with _____ from the Council who is taking carriage of preparing our proposal for funding. Council is supportive of the University of Wollongong proposal for a collaborative Carrick project to develop 'A Nursing Competency Assessment Tool for Australian Nursing'.

After discussions with Carrick Institute staff, Patrick has suggested that, rather than putting in a submission through the Discipline-based Initiatives Scheme, Council might consider submitting an expression of interest under the Competitive Grants Program for 2007. I am writing to advise that, on behalf of Council, I fully support the University of Wollongong's plans to submit an application under the Competitive Grants Program.

I thank you for your advice to Council and look forward to continued collaborations with you.

With best wishes and kind regards

cerely

Professor _____ PhD MACE FINE FRCNA FCN
Chair, Council of Deans of Nursing and Midwifery
(Australia & New Zealand)
Head, School of Nursing
College of Health & Science
University of Western Sydney

Appendix 3: University of Wollongong's Human Research Ethics Committee (HREC- HE08/142)

- 3 i Ethics Committee Approval Letter.
- 3 ii Letter to Establish Partner Organisations.
- 3 iii Letter to Partner Institutions.
- 3 iv Information Sheet for Participation in Modified Delphi.
- 3 v Information Sheet for Participation in Modified Nominal Group.

Appendix 3ii – Letter to Establish Partner Organisations

University of Wollongong



Heads of School – Nursing

Re: **The Development of an Undergraduate Nursing Competencies Assessment Tool, for use Across Australian Universities**

Dear,

of The University of Wollongong raised with The Council of Deans of Nursing and Midwifery of Australia and New Zealand the notion of developing a nationally agreed competency assessment tool, to be used in the assessment of undergraduate nursing students across Australia. This project has since been funded by the Australian Learning and Teaching Council in Higher Education.

The assessment tool will encompass the 'regulatory' competencies mandated by the Australian Nursing and Midwifery Council (ANMC) and 'employer' competencies, and will have a positive impact on the retention of newly graduating nurses.

The project team invites you to contribute to this important initiative. The following information is required from each nursing school within Australia to inform a review of 'what' competency is and 'how' competency is assessed:

1. a list of technical skills in nursing practice that your school/university expects of newly graduating nursing students;
2. when and where in your program these skills will be introduced and developed; and
3. your current undergraduate nursing competency assessment tools used in teaching, simulation and practicum.

We appreciate that this information may be within a single document, or embedded within various documents such as subject/course/unit outlines, laboratory books, workbooks, competency evaluation forms, etc. All items will be treated as confidential within the project team.

Your school may have a designated individual, such as a program coordinator/director, who is responsible for managing these processes. **Please provide the contact details for this person in order for us to communicate directly regarding the required information from your school.** Please send this information to

. For further project information, please see the Australian Learning and Teaching Council in Higher Education website <http://www.altc.edu.au/carrick/go> and use the project reference code CG7-523.

Yours sincerely

Senior Lecturer, School of Nursing, Midwifery and Indigenous Health
University of Wollongong

Appendix 3iii – Letter to Partner Institutions

University of Wollongong



Re: The development of an Undergraduate Nursing Competencies Assessment Tool for use across Australian Universities.

Dear.....

of the University of Wollongong with the support of the Council of Deans of Nursing and Midwifery of Australia and New Zealand and the Australian Nurses & Midwives Council were successful in obtaining an Australian Learning and Teaching Council in Higher Education grant to develop an Undergraduate Nursing Competencies Assessment Tool.

The project design is based on surveying, through a Delphi and then a nominal group technique, both academics and clinicians in nursing across Australia.

One of the approaches identified to support the project is the contributions of partner universities in the states and territories who will support the project within their state or territory. This support will take the form of assisting, using local health services knowledge, in the identification of individuals who may be invited to participate in either the Delphi rounds or the nominal groups.

It is our intention to work with you, as a partner institution, in order to locate both sufficient numbers and representation of academics and clinicians who will participate in the various rounds of the study. We will through the use of a sampling frame identify a suitable mix of individuals that represent the profession of nursing across the states and territories of Australia.

We acknowledge that your support in this activity will be invaluable. However should you wish to not join the project in the first place or to leave the project then you may do so without prejudice.

If you would like any further information about the study, please contact one of the researchers:

This study has been reviewed by the University of Wollongong Human Research Ethics Committee (HE08/142). If you have any questions about the conduct of this research, you may contact the Secretary of the University of Wollongong Human Research Ethics Committee on

Thank you for your assistance with this project.

Yours sincerely,

Appendix 3iv – Information Sheet for Participation in Delphi Survey



University of Wollongong



Participant Information Sheet

The Development of an Undergraduate Nursing Competencies Assessment Tool for use across Australian Universities

Researchers:

Dear Participant _____ Date _____

The University of Wollongong is undertaking a project to develop a nationally agreed competency assessment tool to be used to assess undergraduate nursing students across Australia. As one component of this study we are seeking input from an expert panel to identify an agreed list of reasonable expectations of technical skills for newly graduating nurses.

You have been selected as a potential member of the expert panel to participate in a Delphi survey to determine this agreed list of technical skills. Your name and contact details have been provided by a colleague from a local university nursing school in your state or territory.

If you are willing to participate, the survey that you will undertake will involve you being contacted via email at least four times. You will be asked to review a complete list of nursing skills compiled from various curriculum documents of nursing schools around Australia until a final list of skills is agreed upon by all participants.

Your participation in this project is entirely voluntary and you may discontinue at any time. By responding to the emails and therefore participating in this survey, it is understood that you are consenting to the use of the information you provide for this study.

If you would like any further information about the study, please contact one of the researchers:

This study has been reviewed by the University of Wollongong Human Research Ethics Committee (HE08/142). If you have any questions about the conduct of this research, you may contact the Secretary of the University of Wollongong Human Research Ethics Committee on

Thank you for participating in this project.
Yours sincerely,

Appendix 3v – Information Sheet for Participation in Modified Nominal Group



University of Wollongong



Participant Information Sheet **The Development of an Undergraduate Nursing Competencies** **Assessment Tool for use across Australian Universities** **Researchers:**

Dear Participant _____ Date _____

The University of Wollongong is undertaking a project to develop a nationally agreed competency assessment tool to be used to assess undergraduate nursing students across Australia. As part of this study various curriculum documents of nursing schools around Australia and New Zealand have been collated to form an agreed list of technical skills. This together with an extensive literature search on competencies and competency assessment has resulted in a draft Australian Nursing and Midwifery Council (ANMC) competency tool. For this component of the study we are seeking input from an expert panel to refine the draft assessment tool.

You have been selected as a potential member of the expert panel to participate in a Nominal Group meeting to identify, clarify, evaluate and prioritise a list of ideal statements to ensure an assessor is able to evaluate a student's competency for each ANMC item. Your name and contact details have been provided by a colleague from a local university nursing school in your state or territory.

If you are willing to participate, it will involve you attending a one-day face-to-face meeting and potentially some follow-up communication to discuss or clarify any issues.

Your participation in this project is entirely voluntary. By attending the meeting, it is understood that you are consenting to the use of the information you provide for this study.

If you would like any further information about the study, please contact one of the researchers:

This study has been reviewed by the University of Wollongong Human Research Ethics Committee. If you have any questions about the conduct of this research, you may contact the Secretary of the University of Wollongong Human Research Ethics Committee on _____.

Thank you for taking part in this project

Yours sincerely,

Appendix 4: Thirty skills areas

1. Professional Nursing Behaviours - includes collaborative approaches to care (*e.g. Advocacy, scope of practice, being aware of ones self, etc.*).
2. Efficient and Effective Communication (*e.g. with professionals in other disciplines*).
3. Preventing Risk and Promoting safety - Duty of care (*e.g. Strategies for reducing risk, risk assessment, etc. - Promoting self and the care of colleagues*).
4. Dealing with emotional and bereaved people (*e.g. conflict management/resolution, breaking bad news, dealing with anger, etc.*)
5. Privacy and Dignity (*e.g. cultural care/transcultural practice, personal space, respectful*).
6. Cultural Competence (*e.g. cultural diversity or Transcultural care, culturally safe and appropriate practice*).
7. Medications and IV Products (*e.g. Safe and appropriate administration of medications*).
8. Planning of Nursing Care (*e.g. Identification of appropriate goals in a range of varied settings/clients needs*).
9. Knowledge of key nursing implications of common medical/surgical patient presentations (*e.g. differentiating between delirium and dementia*).
10. Clinical monitoring and management - Use of assessment tools (*e.g. Haemodynamic/respiratory assessment, etc., all forms of assessment are included here*).
11. Personal care - Provision and coordination of care - the ability to assess, plan, implement and evaluate care of clients across a range of settings using a holistic, comprehensive nursing model (*e.g. Roper, Logan and Tierney's Activities of Living Model*).
12. Clinical interventions - Preparing, assisting during and after care, (*e.g. Investigations/ surgery / diagnostic*).
13. Teamwork and Multidisciplinary Team working. (*e.g. Team member and leadership roles, conflict management/resolution, negotiation skills*).
14. Supervisory Skills. (*e.g. conflict management/resolution acknowledging this is as a newly graduating RN.*)
15. Case Manager (*e.g. Coordination of care, crisis/emergency situation management, conflict management/resolution and assertiveness etc.*)
16. Coordinating Skills Regarding Nursing Process (*e.g. Assess / Plan / Implement /*

Evaluate - uses a range of appropriate assessment strategies and skills across a range of settings).

17. Leadership Skills (*e.g. conflict management/resolution, leadership and management skills acknowledging this is as a newly graduating RN.*)
18. Communication and Documentation (*e.g. Verbal including handovers and non-verbal including documentation, communication of care, appropriate accurate use of documentation, etc.*)
19. Therapeutic Nursing Behaviours/Respectful of personal space (*e.g. other professionals/clients/relatives/other nurses, psychotherapeutic skills, Therapeutic communication*).
20. Dementia related skills (*e.g. Behavioural and Psychosocial Symptoms of Dementia and the ability to differentiate other causes such as delirium*)
21. Mental Health Nursing Care (*e.g. Application of assessment tools and care strategies and interventions*).
22. Different roles of RNs in different treatment or care settings (*e.g. Aged care, rural and remote, acute, mental health, child, etc.*).
23. Technology and Informatics (*e.g. IVI management systems, Patient Information Systems, etc.*).
24. Critical Analysis & Reflective Thinking (*e.g. Use of Reflection and critical incidents, evidence of linking theory to practice*).
25. Learner/Evidence Based Practitioner (*e.g. appropriate application of practice evidence*).
26. Promoting self care (*e.g. specific gender and lifespan related information and strategies*)
27. Learning and developmental culture - Learning environment (*e.g. Relates to the new graduate RN contributing to the creation of an environment conducive to learning and personal and professional growth*).
28. Demonstrates Teaching/Educator skills (*e.g. Utilising appropriate teaching & learning strategies in practice*).
29. Acts as a Resource. (*e.g. to students, other health care professionals and the patients and their families/carers.*)
30. Demonstrates behaviour conducive to learning (*e.g. approachable and supportive*).

Appendix 5: NCAS example – 2nd year, 2nd session

Given Name:

Student Number:

Tutorial Group Number:

Campus:

Bachelor of Nursing Programmes

**NURSING COMPETENCY
ASSESSMENT
SCHEDULE
(NCAS)**

NMIH207
Developing Nursing Practice 2

Spring Session, 2016

**University of Wollongong
Faculty of Science, Medicine and Health
School of Nursing**

Important Contact Details *(student to complete)*

Clinical Placement 1

Facility Name: _____ Address: _____

Contact Person: _____ Phone Number: _____

Facility Phone Number: _____

Shift Details

1st Day Start Time: _____ Location: _____

AM Shift: _____ PM Shift: _____

Clinical Placement 2 (if applicable)

Facility Name: _____ Address: _____

Contact Person: _____ Phone Number: _____

Facility Phone Number: _____

Shift Details

1st Day Start Time: _____ Location: _____

AM Shift: _____ PM Shift: _____

Facilitator

Facilitator Name: _____ Phone: _____

University

Clinical Team: 02 4221 3338

Email: nursing-clinical@uow.edu.au

Subject Coordinator: _____ Mobile: _____

Year Coordinator: _____ Email/Phone: _____

Ensure you take the following with you on placement:

University student identification card

Appropriate uniform

Nursing Competency Assessment Schedule (NCAS)

Copy of NMBA Competency Standards for the Registered Nurse (2006) (hard or soft copy)

SNM Clinical Handbook (hard or soft copy)

De-escalation Skills Certificate (for Mental Health placements)

Although you may have provided this documentation for verification with NSW Health, it is recommended that you take the following documentation in case the facility requests them:

National Police Certificate (Criminal Record Check)

Stamped Copy of the Student Undertaking – Criminal Record

NSW Health Student Code of Conduct Agreement

Student Undertaking/Declaration Vaccination Form

TB Assessment Form

Appropriately completed Vaccination Record Card for Health Care Workers/Students

Copyright

The NCAS document is copyright to the School of Nursing and permission to duplicate any section must be directed to the Head of School.

Nursing Competency Assessment Schedule (NCAS)

The NCAS document is your learning and assessment tool for the clinical component of the Bachelor of Nursing. It is designed to assist you in analysing and reflecting on your clinical experience and ability in relation to the Nursing and Midwifery Board of Australia Competency Standards for a Registered Nurse (2006) and for the facility staff and/or your clinical facilitator to assess you against those competency standards documented in NCAS.

- Clinical assessment consists of student generated clinical outcomes and their evaluation, objective clinical skills assessment and the successful completion of the NMBA Competencies documented in NCAS.
- The NCAS document is an integral component of the subject and as such a pass is essential to ensure you pass the subject.
- As this is your learning and assessment tool, **the completion of the NCAS document is your responsibility.**

Student Responsibilities

- **Read** and understand the Clinical Handbook and Nursing Competency Assessment Schedule (NCAS).
- **Check** your clinical placement allocation regularly, on the eLearning site, and on the day prior to placement commencing.
- Complete all relevant documentation and requirements necessary to attend clinical placements.
- Ensure you have read and understand the Code of Practice - Student Professional Practice policy <http://www.uow.edu.au/about/policy/UOW058662.html>
- Ensure you have your NCAS document, Student ID and NMBA Competencies with you at all times on placement.
- Be familiar with all facility information e.g. location, dress code and any pre reading as required by facility. Check eLearning site for individual facility information.
- Participate in orientation to the facility and ward/unit e.g. fire procedures, emergency numbers, and unit layout.
- Always take the initiative to introduce yourself to the patients, ward / unit staff and Nurse Unit Manager
- Inform the staff /RN's of Clinical Learning Objectives.
- Seek out learning opportunities in consultation with the facility staff and/or your clinical facilitator.
- Ensure all sections of the NCAS document are completed legibly in pen; pencil is not acceptable. Liquid paper is not to be used within this document.
- Reflect and write down your learning as it relates to the NMBA Competencies.
- Ensure the NCAS is completed and lodged on time. Late or incomplete submissions may result in you being unsuccessful in the subject.

Clinical Facilitator / Preceptor Responsibilities

- To facilitate a positive learning environment for the students.
- Ensure all students receive orientation at the beginning of each clinical placement. E.g. fire, emergency procedures.
- To assist the facility staff in supporting the student's learning experience.
- Encourage student participation and learning, this does not include setting additional task or assessment for students.
- Provide and/or support appropriate evaluation of the student's clinical ability using the NCAS.

- Give each student progressive feedback regarding their clinical ability through the completion of the NCAS, in liaison with the facility staff.
- All documentation must be in pen and signed, alterations are to be initialled.
- Spend appropriate time with each student to ensure an optimal learning experience.
- Work with the student and facility staff to ensure that the student will gain the maximum benefit from the placement.
- Ensure the Subject Coordinator and or the Director of Clinical Learning is aware of significant issues related to student performance.
- Contact the Clinical Team with any unresolved issues or concerns you have before, during and after your clinical placement.

Student Generated Learning Outcomes

As this is your learning experience you need to formulate your learning objectives by the **third day** of placement. Not only clinical skills should be included in the objectives (e.g. manual handling techniques), but also aspects of nursing such as: professional practice, critical thinking and analysis, provision and coordination of care and collaborative and therapeutic practice.

The notion of students taking responsibility for their own learning is supported by educational research. Setting objectives/expectations as early as possible in your placement allows you to have an understanding of the experiences you need.

You may not be able to achieve all the learning experiences you set and other experiences may present themselves. Take advantage of those and add them to your objectives in your placement. It is important to understand that flexibility is an essential nursing trait and this applies to the learning experience. If you cannot complete some of your learning objectives in one placement, then add them, if appropriate, to another clinical placement.

Interim and Final Competency Assessment

The aim of NCAS is to give constructive feedback regarding the student's progress during placement.

Completion of the Interim and final Regulatory/Statutory Competencies and the Employer Competencies are compulsory.

The Interim Assessment is to be completed at the midpoint of each clinical placement to provide students with formative feedback; this feedback provides students an indication of their strengths and opportunities for improvement and is used to document agreed goals that aim to enable you to work with your clinical facilitator / preceptor to assist you to be successful in meeting the requirements of this workplace experience.

The Final/Summative Assessment must be completed at the end of your workplace experience and is completed once all of your learning outcomes and NCAS Employer Competencies have been achieved.

An unsatisfactory Final/Summative Assessment will only be documented once there has been consultation with the Subject Coordinator and / or Director of Clinical Learning. Students and Clinical Facilitators are encouraged to contact the Subject Coordinator as early as possible in the workplace experience to ensure that all appropriate strategies are put in place to support students who are experiencing difficulties during their workplace experience.

Submission of Nursing Competency Assessment Schedule (NCAS)

Bring the NCAS document with you to your first tutorial after placement.

This NCAS document must be submitted following that tutorial in accordance to the directions within your subject outline please check the following is completed before submission:

- All areas of NCAS for this placement are completed appropriately in conjunction with your Facilitator/Preceptor.
- The reflective components are appropriately completed.
- The Facilitator/Preceptor has marked your hours of attendance and signed for each day.
- All changes are initialled by your Facilitator/Preceptor.
- You have completed the compulsory student reflection section(s).
- You have signed the interim/formative and final/summative sections.

ATTENDANCE (Please complete each day of placement and signed by your facilitator/preceptor)

Roll Date	MON	TUE	WED	THU	FRI	MON	TUE	WED	THUR	FRI	Total Days Missed
Day/Month											
Hours											
Facilitator/ Preceptor Print Name & Sign											
Day/Month											
Hours											
Facilitator/ Preceptor Print Name & Sign											

NMIH207 – Developing Nursing Practice 2 (Summative)

To be completed at the end of week 2. Formative assessment to be ongoing and recorded in Reflection area in competencies and in Notes pages at end of document.

Family Name:..... First Name:.....

Student Number:..... Period Covered:/...../..... to:/...../.....

Facility Name:..... Ward/Unit Name:.....

Clinical Facilitator/Preceptor Name (print):.....

Student to complete: (Compulsory) Describe how your clinical practice improved through feedback / instruction from the preceptor:.....

Student signature: (Compulsory) Date:/...../.....

Competencies	Assessed as competent	Facilitator/ Preceptor/RN Sign and date
The management of a client/patient for a span of duty/period of care		
Teaching a Client/Patient		
Final Regulatory / Statutory Competencies (NMBA 2006)		

Subject Coordinator comment:

Make up required: Y / N

Subject Coordinator's Signature:..... (Compulsory) Date:/...../.....

Student Objective Sheet – NMIH207

To be completed by the student:

NMBA Competency Standard Domain	Write two learning outcomes for each of the NMBA Competency Standard Domains. (To be completed by 3rd day of placement)	Use personal examples from your placement to demonstrate that you have achieved your outcomes. (To be completed prior to handing in the NCAS)
Provision & Coordination of Care		
Provision & Coordination of Care		
Critical Thinking & Analysis		
Critical Thinking & Analysis		

Student Objective Sheet continued – NMIH207

To be completed by the student:

NMBA Competency Standard Domain	Write two learning outcomes for each of the NMBA Competency Standard Domains. (To be completed by 3rd day of placement)	Use personal examples from your placement to demonstrate that you have achieved your outcomes. (To be completed prior to handing in the NCAS)
Professional Practice		
Professional Practice		
Collaborative & Therapeutic Practice		
Collaborative & Therapeutic Practice		

The competency level (using Bondy 1983) that a student is expected to achieve during their nursing degree.

NMBA (2013)		100 Level		200 Level			300 Level		
		NMIH104	NMIH107	NMIH202	NMIH207	NMIH208	NMIH301	NMIH302	NMIH308
Professional Practice	1. Practices in accordance with legislation affecting nursing practice and health care	M	A	S	S	S	I	I	I
	2. Practices within a professional and ethical nursing framework	M	A	S	S	S	I	I	I
Critical Thinking & Analysis	3. Practices within an evidence-based framework	M	A	A	S	A	I	I	I
	4. Participates in ongoing professional development of self and others	M	M	A	S	A	S	S	S
Provision and Coordination of Care	5. Conducts a comprehensive and systematic nursing assessment	A	A	S	S	A	I	I	I
	6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team	M	M	A	A	A	S	S	S
	7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes	A	A	A	S	A	I	I	I
	8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals / groups, significant others and the interdisciplinary health care team.	M	M	A	A	A	S	S	S
Collaborative & Therapeutic Practice	9. Establishes, maintains and appropriately concludes therapeutic relationships	A	A	S	S	A	I	I	I
	10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care	M	A	S	S	S	I	I	I

Modified Bondy (1983) criteria used with NCAS.

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skillful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

The location of the Employer or Role Competency assessments in the BN/BNA/BNOQN programmes.

	Mandatory Three Week Orientation	100 Level	200 Level		300 Level		
The initial and ongoing nursing assessment of a client/patient (should include first contact)			NMIH202	NMIH208	NMIH301		
The management of a client/patient requiring wound care	Simulation (BNOQN)	NMIH107			NMIH301		NMIH322
The management of Medicine Administration for a single client/patient, or group of clients /patients	Simulation (BNOQN)	NMIH107	NMIH202 (OSCE)	NMIH208	NMIH301	NMIH308 (OSCE)	NMIH322
The management of a client/patient for a span of duty/period of care				NMIH207	NMIH302		
The management of a group of clients/patients for a span of duty/period of care					NMIH301	NMIH308	NMIH322 NMIH323
Monitoring and responding to changes in a client/patient condition					NMIH302	NMIH308	NMIH322
Teaching a Client/Patient				NMIH207			
Teaching of a Colleague						NMIH308	

Other Learning Opportunities

You should also seek out other learning opportunities that may arise during your workplace experience. For example, using a Doppler probe to assess perfusion or care of the patient with a colostomy. Extra space is provided below to allow documentation of these. These opportunities require you to reflect on the learning outcomes you gained from this experience.

Description of learning opportunity	What knowledge skills or attributes have you gained from this opportunity?	Facilitator/ Preceptor Sign and date

Guidance notes for both the:

- Assessor to verify that the student has met the competence and
- Student to have a clearer understanding of what is expected.

Professional Practice

1. Practices in accordance with legislation affecting nursing practice and health care

- 1.1 Complies with relevant legislation and common law.
- 1.2 Fulfils the duty of care.
- 1.3 Recognises and responds appropriately to unsafe or unprofessional practice.

OBSERVATIONS:

Uses protocols/procedure/documentation to support decision making; promptly responds to unsafe practice; seen undertaking and responding appropriately.

QUESTIONS:

When would you use/apply particular criteria/rules? (e.g. restraint / medicine administration: documentation / consent / evaluation).

MEASUREMENTS:

Documents are appropriately utilised; exception reporting is evident;

Scenarios offered/Other:

Restraint and it's use/needle stick injury and management & reporting/work colleague being ill/pain management.

2. Practices within a professional and ethical nursing framework

- 2.1 Practices in accordance with the nursing profession's codes of ethics and conduct.
- 2.2 Integrates organisational policies and guidelines with professional standards.
- 2.3 Practices in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups.
- 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures.
- 2.5 Understands and practices within own scope of practice.
- 2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care.
- 2.7 Recognises the differences in accountability and responsibility between Registered Nurses, Enrolled Nurses and unlicensed care workers.

OBSERVATIONS:

Uses appropriate language / communicates effectively with the team both nursing and multi-disciplinary (attitude & demeanor) / interaction is engaging/ listens and responds appropriately / behaves in a manner that makes peers & colleagues and patients/clients comfortable and is non-threatening; clearly operates within professional boundaries; see undertaking appropriate and timely competent care;

QUESTIONS: How might you respond to pts request? (E.g. address as / advocacy): How might your responses reflect the local policy-procedure & best evidence? Appreciates the importance of understanding the pts condition / therapy / intervention.

MEASUREMENTS:

Documentation e.g. such as handover notes are appropriately utilised & accurate report writing; does the student make clear any challenges to their scope of practice?

Scenarios offered/Other: communication/professionalism/policy and guidelines/respect & dignity/problem solving/deals with deteriorating patients.

Critical Thinking and Analysis

3. Practices within an evidence-based framework

- 3.1 Identifies the relevance of research to improving individual/group health outcomes.
- 3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care.
- 3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence.
- 3.4 Supports and contributes to nursing and health care research.
- 3.5 Participates in quality improvement activities.

OBSERVATIONS: Knows when to utilise policy-procedure & best evidence / has capability to engage with systems to locate evidence in practice / demonstrates competence in practice but acknowledges own scope / problem solving evident on actions; questions nursing actions but is not 'hamstrung' by over analysis; *considers scope and delegation*

QUESTIONS: Why/what/when/how are you doing....?; Articulates theory supporting their practice; participates in quality improvement activities; what does hospital accreditation mean and why is quality assessment important to you?; knows actions to initially take to assess pt (prior to surgery); Use of resources to support EBP; Can give examples of best practice: Consultation with AHP

MEASUREMENTS: Reviews client/patient notes and uses appropriate model; Uses assessment tools; (i.e. falls/pressure), 'wound trace' and 'Braden score'; Identifies hospital/agency benchmarking; displays sound clinical knowledge base through data interpretation; Carries out the task successfully and appropriately.

4. Participates in ongoing professional development of self and others

- 4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance.
- 4.2 Participates in professional development to enhance nursing practice.
- 4.3 Contributes to the professional development of others.
- 4.4 Uses appropriate strategies to manage own responses to the professional work environment

OBSERVATIONS: Knows and verbalises critical appraisal of situations in a supportive manner: Questions practice of others; Engages in clinical discussion about pt progress with MDT; Assists team, mentors students/peer supports and shares best practice/knowledge; understands own learning needs; utilises reflective practice; conducts education sessions; role models; accesses journals & databases / evidence through research and policies/procedures; Appears confident/comfortable in work; uses preceptor for support & debriefing as well as fulfils role for others; uses an established communication model; objectively receives and gives feedback; recognises own limitations/scope of practice; open to guidance by others (including juniors; Relates care to care plan: shows initiative;

QUESTIONS: How could that be done better: What additional education might you need: How will you share your knowledge with others: What resources do you have/use? Have you or how do you contribute to the learning of another?; Tell me what prompted you to....?: Journal clubs: Membership of a professional group/organisations; Awareness of policy/procedure; Follows guidelines; uses critical thinking; Understands registration requirements; explores policy/proc when faced with new skill; Challenges existing frameworks; Seeks clarity of orders;

MEASUREMENTS: Self education; attends in-services/development seminars; evidence of reflection and appropriate use of models; analyses orders to be given; completes all documentation appropriately care plans and assessment tools; initiates feedback on pt education/consumers/carers; follows guidelines; Uses critical incidents and case studies to embody learning; shares a reflective journal

Other: attends in-services/ short course participation/

Provision and Coordination of Care

5. Conducts a comprehensive and systematic nursing assessment

- 5.1 Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group.
- 5.2 Uses a range of assessment techniques to collect relevant and accurate data.
- 5.3 Analyses and interprets assessment data accurately

OBSERVATIONS: Systematic/accurate/holistic approach through use of a framework; relies on theory and evidence to conduct assessment; utilises appropriate equipment; CHIPPA (Communication/ History / Inspection / Percussion / Palpation / Auscultation): Appropriate response/nursing action to the data collected i.e. plans (& prioritises both in assessment and in planning); Reviews charts/past data to see what info was gathered: Uses appropriate communication / language when undertaking assessment / hand-over: using “life skills profile”: seeks clarity of assessment data and responds positively to feedback as well as asks for assistance when required (scope issue); Spends time with the clients: Listens and questions appropriately in a culturally sensitive & aware manner:

QUESTIONS: Why did you use that-tool/assessment/approach, etc?: what assessment frameworks/tools do you know?: Understands Care planning & delivery based on appropriate assessment and uses MDT;

MEASUREMENTS: Evidence gathered is appropriate and accurately documented: Includes clear risk assessments when necessary: taking and recording accurate physiological and other measurements when necessary; notes reflect pts changes; Uses and documents range of assessment techniques; can perform assessment skills: can articulate decision process clearly: ‘sees’ connectedness of presentation with assessment and presentation and diagnosis

Scenarios offered/Other: Admission processes/ assessment processes. Patient assessment - focused/Tools/Techniques/Frameworks/Linking / communication; Education knowledge / tools: application: Use case scenario and then observe student articulate critical thinking & analysis. Wound assessment. May use nursing diagnosis

6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team

- 6.1 Determines agreed priorities for resolving health needs of individuals/groups.
- 6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement.
- 6.3 Documents a plan of care to achieve expected outcomes.
- 6.4 Plans for continuity of care to achieve expected outcomes.

OBSERVATIONS: Uses appropriate bio-psycho-social assessment with ‘correct’ communication skills: Appropriate interaction/conversation with pts and family and the MDT leading to identification of agreed achievable documented goals (admission to discharge): documents/hands-over relevant information (for all pts); Follows agreed clinical pathway(s) and makes appropriate decisions promptly (incorporating AHP recommendations): works within a safe practice framework; seen undertaking and responding appropriately to recommendations of others; can form an appropriate care plan for new admission; Clear demonstration of knowledge re: health issues; Thorough risk assessment self others and pt; note taking strategies are contemporaneous and appropriate; effective organisational skills; thinks about ‘tomorrow’ {*planning ahead?*};

QUESTIONS: Explore how to plan a shift and prioritise: Are you able to prioritise the most acutely ill pt(s) in your care? When should you seek clarification on particular criteria/rules? (E.g. restraint/medicine administration: documentation/consent/ evaluation): Are the pt & family satisfied with the care? *How would you know?* Have referrals sent to AHW & *would you know*

how to? Integrates knowledge and data analysis in terms of critical thinking; Location of appropriate support/services and location; Referrals to others "DASSA" (sic), counseling, psychiatry:

MEASUREMENTS: Documents are appropriately utilised to show a clear plan of care to order to manage pt load; in an appropriate time frame is evident; identifies needs of pt and/or expected outcome; Knows who to contact and who to pass on info to achieve health outcomes; Is the nurse able to tell if the client/patient is making appropriate progress *{how would you know?}*; Shows that there is appropriate bio-psycho-social assessment with 'correct' communication skills; Compare data from that clinical setting/area with the overall service (e.g. HAI's, etc); is performance as would be expected re time management and health outcomes

7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes

- 7.1 Effectively manages the nursing care of individuals/groups.
- 7.2 Provides nursing care according to the documented care or treatment plan.
- 7.3 Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention.
- 7.4 Responds effectively to unexpected or rapidly changing situations.
- 7.5 Delegates aspects of care to others according to their competence and scope of practice.
- 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately.
- 7.7 Educates individuals/groups to promote independence and control over their health.
- 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care.

OBSERVATIONS: Follows and evaluates care and/or treatment plan at start of period of duty and during span of care; produces a plan to assist/guide the management of care; accepts the pt as partner rather than recipient of care; uses language and appropriate cultural approaches to meet the needs of the pt in terms of care and information; terminology is appropriate and abbreviations are avoided; constructively delegates/negotiates with others acknowledging scope of practice; deals with unexpected events; how much direction does the student need and do they seek guidance; reflection on outcomes; does the student manage the task in accordance with their scope of practice; id's and uses resources (people and kit); Timely and appropriate delivery of care; Team player including effective communication; liaises with MDT & AHP; consults clinical notes regularly; high standards of pt care; pt advocate and pt safety; see student pt teaching taking place effectively and appropriately

QUESTIONS: Demonstrates effective skills that meet best practice guidelines and can articulate the rationale; Prioritises actions and acts in a timely manner if a pt is deteriorating and/or other variations; Can explain rationale for the appropriate delegation of care – what will you do to demonstrate safe/timely care in those circumstances?; can articulate processes clearly;

MEASUREMENTS: Demonstrates that they can manage varying pt/RN ratios in a timely and appropriate manner; care is sensitive to 'case' shows understanding of costings per case; presents clear evidence of progress (OR NOT) of pt; recalls info and when and how to use; minimal wastage healthy clients/patients; satisfied clients/patients and patients discharged home; aware of wider evidence and this is clear in how they use evidence in practice;

Scenarios offered/Other: Provides care and rationale for clients/patients care plan; creates and uses written care plan; ability to develop knowledge base to enable them to provide individuals with the right education – listening/communication rapport/recognises own lack of knowledge; Delegates appropriately; knows if care has been met or not; prioritises care of critical pt(s); Knows when care to be delivered is outside scope of practice
Leadership of client/patient care; Team working & Education for all / recognises patient issues / effective time management / attends education sessions

8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals / groups, significant others and the interdisciplinary health care team.

- 8.1 Determines progress of individuals/groups toward planned outcomes.
- 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data.
- 8.3 Recognises and responds appropriately to unsafe or unprofessional practice.

OBSERVATIONS: Problem based learning; contributes to the MDT case presentations; handover verbal/written; Team meetings, case presentations, care plans and development in an ongoing way; clear outputs that relate to pt progress; documentation and feedback; involves client in discussion; demonstrates understanding *of all stages of the process*; inter-professional liaison and collaboration; interview with pt and family; uses critical thinking to interpret client progress; check care plans;

QUESTIONS: Acknowledging ongoing interpretation; clear and able to articulate progress assessment/evaluation of the client/patient in practice; rationale presented clearly for client/patient progress towards outcomes; how do you consult?; progress questioning; use benchmarks to evaluate and measure; do you ask how the patient feels about...X?

MEASUREMENTS: Documentation is accurate; clear progress towards recovery; comply with managed clinical pathways / protocols; analyses/evaluates relevant data and critically analyses data; case based access and OSCEs

Scenarios offered/Other:

Student actively uses enquiry methods and tools; they are observed in predetermined situations (wound care/medicines/client care etc) including OSCEs.

Collaborative & Therapeutic Practice

9. Establishes, maintains and appropriately concludes therapeutic relationships

- 9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries.
- 9.2 Communicates effectively with individuals/groups to facilitate provision of care.
- 9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort.
- 9.4 Assists and supports individuals/groups to make informed health care decisions.
- 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security

OBSERVATIONS: Evidence of joining/engaging/communicating behaviours; Professional role articulated clearly; Confidentiality is addressed; Student initiates conversation/interactions appropriately (privacy / safety / quiet) and adjusts strategies as required in different situations based on evaluation; are positive behaviours attributed strengths acknowledge and commented on?; when pt is unwell is the level of care/basic needs being met (within reason?); Clear advocacy evident; Recovery model used, with the client's journey; evidence of cultural & racial respect; accesses team/services within cultural boundaries; Appropriate communication and dress for the context; continuity of care/communication; demonstrates appropriate level of knowledge of clinical nursing practice; enhancing & growing communication skills repertoire; empathetic & knowledgeable practice within social context; willingness to learn and to be polite and respectful; applies body of knowledge and experience/personality in delivery of health care; exhibits trust and confidence; Ability to problem solve and direct pts appropriately; checks for satisfaction (colleagues & pts);

QUESTIONS: Does student demonstrate engagement strategies?; Honesty/upfront regarding well being; How would identify if cultural practice is required?; Ensuring that the student is

aware of the need for consent and agreements; Maintain privacy and confidentiality (even if suicidal); Responds appropriately to feedback from pts and clients; Questions peers and clients to learn more of the social context;

MEASUREMENTS: Evidence of comfort whilst working/talking with clients of different ages/cultures etc: appropriate use of language; client returns for next session; evidence of clients willingness to change; identification of the need for additional support/guidance; risk assessment; reporting risk issues immediately; Clear evidence of appreciating and dealing with functional level of client; Clinical practices commensurate with practitioner level (beginning); Health outcomes are appropriately assessed through data and peer review; self evaluation; level of consultation with community and individuals;

10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care

10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual's/group's needs and health care setting.

10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team (IDHCT) and other relevant service providers.

10.3 Facilitates coordination of care to achieve agreed health outcomes.

10.4 Collaborates with the health care team to inform policy and guideline development.

OBSERVATIONS: Appropriate level of quality of working, communication (written & verbal) and relationships with other professionals ; able to identify policy/procedure and the appropriate evidence base (EBP) illustrating safe and pertinent ways of working; identifies and shares new information with all IDHCT as appropriate care provided is documented in an appropriate and timely manner; handover info is accurate and timely; agrees/adheres with treatment plans for care from all IDHCT; Prepared for IDHCT meetings;

QUESTIONS: Accurate documentation for referral/assessment and ongoing care & treatment leading to discharge using correct documentation and referral methods; Are the set goals and strategies reasonable regarding best available evidence and pts wishes; Examples are cited that relate to areas of care e.g. Speech pathology for a person with a CVA and their ability to swallow safely; Being clear about the RNs role and the role of others in the IDHCT; Plan for anticipated and 'unanticipated' changes in the client's needs;

MEASUREMENTS: Uses and documents systematic & holistic assessment; identify needs and match to services in a timely manner; ensure as a coordinator that IDHCT fulfilling their brief; use appropriate language and documentation to communicate with the IDHCT; relates to discharge resources required in a timely way; seeks to extend knowledge about IDHCT;

Scenarios offered/Other: Communicator / "transferor" / coordinator; Respect/confidently-competently-appropriately; role clarity/ perception/ 3rd Year confidence

Nursing Competency Assessment Schedule-NCAS
Regulatory/Statutory Competencies (NMBA 2013)

Bachelor of Nursing (UoW) NMIH207 Developing Nursing Practice 2

INTERIM	FINAL
Please initial	

Professional Practice (Please place your <u>initials</u> in the appropriate column)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
1. Practices in accordance with legislation affecting nursing practice and health care						
2. Practices within a professional and ethical framework						
Critical Thinking and Analysis (Please place your <u>initials</u> in the appropriate column)						
3. Practices within an evidence-based framework						
4. Participates in ongoing professional development of self and others						
Provision and Coordination of Care (Please place your <u>initials</u> in the appropriate column)						
5. Conducts a comprehensive and systematic nursing assessment						
6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health						
8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
Collaborative and Therapeutic Practice (Please place your <u>initials</u> in the appropriate column)						
9. Establishes, maintains appropriately concludes therapeutic relationships.						
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.						
How would you rate the overall performance of this student during this clinical practicum (<u>please initial</u>) : <div style="display: flex; justify-content: space-around; align-items: center;"> Unsatisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> </div>						

Modified from: Bondy, K, M, 1983, 'Criterion—referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381.

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Scoring guide:

- ✚ ONLY **initial** (not assessed) if the student has not had an opportunity to be exposed to and therefore demonstrate the competency
- ✚ Any item not assessed should not be scored.
- ✚ You should only **initial** one column for each of the one to ten descriptors
- ✚ Evaluate the student's performance against the ***minimum*** competency level expected for a beginning/entry level registered nurse.

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

[illegible]

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical placement? *(please initial)*

Unsatisfactory ☐

Satisfactory ☐

Good ☐

Εκ

INTERIM

FINAL

[illegible][illegible][illegible]

Student Name: *(please print)* _____ **Sign:** _____ **Date:** _____

Clinical facilitator: (please print) _____ **Sign:** _____ **Date:** _____

Nursing Competency Assessment Schedule-NCAS

Regulatory/Statutory Competencies (NMBA 2013)

Bachelor of Nursing (UoW) NMIH207 Developing Nursing Practice 2

INTERIM	FINAL
Please initial	

Professional Practice	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
(Please place your <u>initials</u> in the appropriate column)						
1. Practices in accordance with legislation affecting nursing practice and health care						
2. Practices within a professional and ethical framework						
Critical Thinking and Analysis						
(Please place your <u>initials</u> in the appropriate column)						
3. Practices within an evidence-based framework						
4. Participates in ongoing professional development of self and others						
Provision and Coordination of Care						
(Please place your <u>initials</u> in the appropriate column)						
5. Conducts a comprehensive and systematic nursing assessment						
6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health						
8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and the interdisciplinary health care team.						
Collaborative and Therapeutic Practice						
(Please place your <u>initials</u> in the appropriate column)						
9. Establishes, maintains appropriately concludes therapeutic relationships.						
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.						
How would you rate the overall performance of this student during this clinical practicum (<u>please initial</u>) :						
Unsatisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>						

Modified from: Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381.

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
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- ⊕ Any item not assessed should not be scored.
- ⊕ You should only ***initial*** one column for each of the one to ten descriptors
- ⊕ Evaluate the student's performance against the ***minimum*** competency level expected for a beginning/entry level registered nurse.

Reflection by Student: (Should use a recognised model for reflection and may structure as prep/activity/closure etc)

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical placement?

(please initial)

Unsatisfactory ☐

Satisfactory ☐

Good ☐

Excellent ☐

Bachelor of Nursing (UoW)
NMIH207 Developing Nursing Practice 2

Clinical Competency Area	
Competency exemplar:	The management of a client/patient for a span of duty/period of care
Demonstration of:	The ability to effectively and safely coordinate the care of a single client/patient for a span of duty/period of care.

	<u>Performance Criteria</u>	The coding below indicates the NMBA National Competency Standards for the Registered Nurse (NMBA 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <u>initials</u> in the appropriate column)						
Preparation for the span of duty	1. Identifies specific indications for contact / communication / action with the client/patient (i.e. are there any specific orders?)	1.2, 2.5, 4.2, 9.5					
	2. Verifies the validity of any written orders to provide any aspect of care	1.1, 1.2, 1.3, 2.5, 9.5					
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team	1.1, 1.2, 1.3, 2.5, 9.5					
	4. Effectively and in a timely manner performs hand hygiene.	7.1, 9.5					
	5. Gathers the necessary equipment for assessment (if appropriate)	3.1, 3.3, 5.2, 5.3, 7.1, 7.3, 8.1, 9.5					
	6. Carries out a comprehensive assessment with / of the patient	2.1, 2.3, 2.5, 5.1, 5.2, 5.3, 8.1, 8.2, 9.5					
	7. Documents a plan of care in agreement with the client/patient and significant others for the period of care/span of duty	2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5					
Carrying out the organisation & delivery of the care required for a patient during a span of duty	8. Evidence of therapeutic interactions; e.g. gives client/patient a clear explanation regarding the period of care/span of duty;	2.1, 2.3, 9.1, 9.2					
	9. Undertakes assessment of each situation/interaction identifying that it is appropriate to carry out the agreed care in the circumstances e.g. that it is required and appropriate based on the assessments undertaken.	3.1, 3.3, 5.2, 5.3, 8.1					
	10. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities	5.1, 5.2, 5.3, 6.1, 7.1, 9.3, 9.6					
	11. Considers the Activities of living in which the client/patient has any deficits and will therefore require assistance	1.2, 2.3, 2.5, 7.1, 9.5					
	12. Ensure client/patient is comfortable & prepared for any intervention in the time span	1.2, 2.3, 2.5, 9.1, 9.2, 9.3					
	13. Prepares any intervention/medication	5.2, 5.3, 7.1, 9.3, 9.5					
	14. Uses the 'rights' to safely administer the intervention / medication(s) to the client/patient during the period of care/span of duty	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5					
	15. Assists the client/patient with the intervention/medication	1.2, 2.1, 5.1, 5.2, 7.1, 9.5					

Closing the activity	<u>Performance Criteria</u>	The coding below indicates the NMBA National Competency Standards for the Registered Nurse (NMBA 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <u>initials</u> in the appropriate column)						
	16. Concludes the period of duty with the client/patient by considerately concluding the therapeutic relationship	1.2, 9.1, 9.3, 9.5					
	17. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary).	1.1, 1.2, 1.3, 9.5, 10.1					
	18. Repositions client/patient maintains privacy dignity, ensures comfort as far as possible at that point	1.2, 2.3, 2.5, 7.1					
	19. Replaces, cleans and/or disposes of equipment appropriately, performs hand hygiene	1.1, 1.2, 9.5, 10.1					

Documentation & Communication	20. Reporting and Recording of relevant information: i. Nursing Care ii. Intervention/Medication chart; iii. Other if appropriate (e.g. particular assessment chart) Specify i.e. plan: _____	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 May not be necessary	i					
			ii					
			iii					

Educational opportunity	21. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made, ii. Evidence utilised and iii. Implications for planning of client/patient care.	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i					
			ii					
			iii					

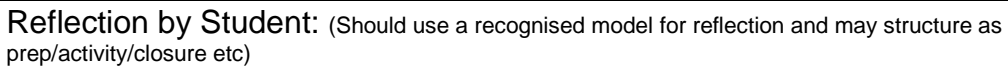
Berman, A et al 2010 **Kozier & Erb's Fundamentals of Nursing**, 1st Ed (Aust), Pearson, Australia

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', **Journal of Nursing Education**, vol. 22(9), pp. 376-381

Crisp, J and Taylor, C 2009 **Potter and Perry's Fundamentals of Nursing**, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 **Clinical Motor Skills: Assessment Tools for Student Nurses**, 4th Edition, Thomson, Australia

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.



Continue on a separate sheet if necessary

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Bachelor of Nursing (UoW)
NMIH207 Developing Nursing Practice 2

Clinical Competency Area	
Competency exemplar:	Teaching a client/patient.
Demonstration of:	The ability to effectively teach a client/patient.

	<u>Performance Criteria</u>	The coding below indicates the NMBA National Competency Standards for the Registered Nurse (NMBA 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <u>initials</u> in the appropriate column)						
Preparation for teaching the client/patient	1. Identifies with the client/patient specific indications for teaching the client/patient (i.e. what initial information is available, if any? Examples may be relaxation techniques, self-medication administration, etc).	1.1, 1.2, 2.5, 4.2, 5.1, 9.5					
	2. Verifies the validity of any written information concerning this client/patient; (e.g. communication and/or learning and/or skill specific in terms of abilities);	1.1, 1.2, 1.3, 2.2, 2.5, 3.2, 9.5, 10.2					
	3. Reviews the patient documentation / history / information / medication chart / communication(s) from members of the healthcare team and others (including family/friends /carers etc).	1.1, 1.2, 1.3, 2.5, 8.2, 9.5					
	4. Considers a range of factors that affect/influence learning and develop strategies to minimise/optmise these factors;	1.2, 2.3, 7.1, 7.2, 7.4, 9.5					
	5. Effectively plans the activities to work through with the client/patient (and carer) to optimise their learning;	2.3, 3.1, 3.3, 5.2, 5.3, 6.3, 7.1, 7.3, 8.1, 9.5					
	6. Gathers the necessary equipment for the teaching activity (if appropriate);	1.1, 1.2, 2.1, 3.2, 5.1					
	7. Locates & greets the client/patient & "takes in"/assesses a range of cues (visual, auditory and olfactory) at the point of contact;	1.2, 2.3, 2.5, 5.2, 5.3, 7.2, 7.3, 7.4, 9.1					
	8. Ensures that the setting/environment is conducive to the activity in order to minimise distractions and maximise concentration;	1.2, 7.1, 7.3					
	9. Makes the client/patient 'feel at ease', and identifies the client/patient's ability to engage visually / verbally / cognitively and physically (i.e. their motor response) whilst explaining the activity;	2.1, 2.3, 5.1, 5.2, 9.1, 9.2					
Carrying out the teaching of a client/patient	10. Carries out a comprehensive and systematic assessment with/of the client/patient concerning their understanding of the intended teaching event;- i. Notes impressions of their understanding; ii. Gathers a range of evidence from patient and 'family'; iii. Utilises appropriate strategies and iv. Appropriate teaching tools; v. Acts appropriately & supportively should this be evident during the activity; vi. Other: Please specify:_____	1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 5.1, 5.2, 5.3, 6.1, 8.1, 8.2, 9.1, 9.3, 9.5 May not be necessary	i.				
			ii.				
			iii.				
			iv.				
			v.				
			vi.				
	11. Clear evidence of a developing rapport and a therapeutic relationship in the teaching interaction with the client/patient;	1.2, 2.3, 9.1, 9.2, 9.3, 9.4					
	12. Uses a range of questioning styles and demonstrates appropriate listening skills during exploration/explanation of the activity;	2.1, 2.3, 2.4, 9.1, 9.2					

<u>Performance Criteria</u>		The coding below indicates the NMBA National Competency Standards for the Registered Nurse (NMBA 2006)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please insert a ✓ in the appropriate column)								
Carrying out the teaching of a client/patient	13. Demonstrates the skill at an appropriate pace, exhibits a professional demeanour which illustrates a sense of caring;	1.2, 2.1, 2.2, 2.3, 2.4, 9.1, 9.2						
	14. Explores & verifies, through the use of an appropriate educative framework, that the client/patient is understanding what is happening, i. Knowledge; ii. Skill and iii. Attitude/behaviour;	1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 4.2, 9.1, 9.2	i.					
			ii.					
			iii.					
	15. Acknowledges and values data from observing the teaching event;	2.2, 2.3, 2.4, 2.6, 4.1, 4.2						
	16. Demonstrates the ability to give helpful and constructive feedback about all aspects of the teaching activity/skill;	1.3, 2.3, 7.1, 7.7						
	17. Documents the outcome of the teaching event in the nursing plan of care in agreement with the client/patient and significant others;	1.2, 2.1, 2.3, 2.5, 6.1, 6.2, 6.3, 8.1, 8.2, 9.5						
Closing the activity	18. Maintains a therapeutic relationship with the client/patient whilst encouraging and supporting practice of the skill;	2.1, 2.3, 9.1 9.2, 9.3						
	19. Maintains dignity at all times, provides privacy and comfort measures – displays problem solving abilities particularly related to; i. the maintenance of appropriate personal space; ii. the management of boundary issues and iii. any other; Specifically: _____	1.2, 2.3, 9.1, 9.2, 9.3, 9.5 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
	20. If necessary uses the 'rights' to assist in the safe administration of any medication (i.e. self-administration) to the client/patient during the teaching activity;	1.1, 1.2, 1.3, 2.1, 2.5, 3.2, 4.2, 5.1, 5.2, 9.1-5						
	21. Implements appropriate beginning discharge planning & teaching to client/patient and carer;	2.2, 5.2, 6.2, 6.3, 10.2, 10.3						
Closing the activity	22. Concludes the teaching activity with the client/patient by considerably concluding the therapeutic relationship;	1.2, 9.1, 9.3, 9.5						
	23. Facilitates client/patient repositioning to maintain privacy dignity, ensures comfort as far as possible at that point;	1.2, 2.3, 2.5, 7.1						
	24. Cleans/tidies area; explains the disposal of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary);	1.1, 1.2, 1.3, 9.5, 10.1						
	25. Explores with the client/patient if appropriate how to replace, clean and/or dispose of equipment;	1.1, 1.2, 9.5, 10.1						

	<u>Performance Criteria</u>	The coding below indicates the NMBA National Competency Standards for the Registered Nurse (NMBA 2006)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
	(Please place your <u>initials</u> in the appropriate column)						
Documentation & Communication	26. Reporting and Recording of relevant information: i. Outcome of the client/patients attempt to undertake the skill; ii. Share the observations about their client/patients'; a. knowledge; b. skill and c. attitude/behaviour iii. Other if appropriate (e.g. particular assessment chart) Specify i.e. plan	1.1, 1.2, 1.3, 2.6, 9.2, 10.2 May not be necessary	i.				
			ii.a				
			ii.b				
			ii.c				
			iii.				
Educational opportunity	27. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to teaching strategies used & decisions made, ii. Evidence utilised and iii. Implications for assessing & planning of client/patient education in the future.	1.2, 2.1, 2.3, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3, 7.1, 8.1	i				
			ii				
			iii				

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', **Journal of Nursing Education**, vol. 22(9), pp. 376-381

Crisp, J and Taylor, C 2009 **Potter and Perry's Fundamentals of Nursing**, 3rd Edition, Elsevier, Australia

Tollefson, J 2010 **Clinical Motor Skills: Assessment Tools for Student Nurses**, 4th Edition, Thomson, Australia

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

[illegible]

How would you rate your overall performance whilst undertaking this clinical placement? *(please initial)*

Excellent ☐

Notes

Appendix 6: Demographics of the Participants

Demographics characteristics	n = 299	%
Primary Role		
Nursing academic	80	27.3
Clinical nurse	73	24.8
consultant/manager/specialist	64	21.8
Clinical/Nurse Educator	28	9.5
Senior Nurse Manager	49	16.6
Other	n=294	
Time in current role		
< 1 year	31	13.0
1 – 2 years	36	15.0
3 – 5 years	67	27.8
6 – 10 years	35	14.6
> 11 years	71	29.6
	n=240	
Area of Practice		
Acute Care	61	25.6
Aged Care	30	12.6
Community/Primary Care	14	5.6
Mental health	43	18.0
Multiple areas of practice	91	38.2
	(n=249)	

Appendix 7: Employer Competencies within the full NCAS Document

Employer Competencies (Skills Areas)
The initial and ongoing nursing assessment of a client/patient
Caring for a client/patient requiring wound management
Managing medication administration
Managing the Care of a Client/Patient
Managing the Care of a group of Clients/Patients
Monitoring and Responding to Changes in a Client-Patients Condition.
Teaching a Client/Patient
Teaching of a Colleague

Appendix 8: Regulatory competency matrix level (Bondy 1983) that a student is expected to achieve during their nursing degree

Appendix 8: Regulatory competency matrix level (Bondy 1983) that a student is expected to achieve during their nursing degree

NMBA (2006)		100 Level		200 Level			300 Level		
		NMIH104	NMIH107	NMIH202	NMIH207	NMIH208	NMIH301	NMIH302	NMIH308
Professional Practice	1. Practices in accordance with legislation affecting nursing practice and health care	M	A	S	S	S	I	I	I
	2. Practices within a professional and ethical nursing framework	M	A	S	S	S	I	I	I
Critical Thinking & Analysis	3. Practices within an evidence-based framework	M	A	A	S	A	I	I	I
	4. Participates in ongoing professional development of self and others	M	M	A	S	A	S	S	S
Provision and Coordination of Care	5. Conducts a comprehensive and systematic nursing assessment	A	A	S	S	A	I	I	I
	6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team	M	M	A	A	A	S	S	S
	7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes	A	A	A	S	A	I	I	I
	8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals / groups, significant others and the interdisciplinary health care team.	M	M	A	A	A	S	S	S
Collaborative & Therapeutic Practice	9. Establishes, maintains and appropriately concludes therapeutic relationships	A	A	S	S	A	I	I	I
	10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care	M	A	S	S	S	I	I	I

Appendix 8 (cont'd): Legends

Subject Code Legend

¹ NMIH104 Art and Science of Nursing B; ² NMIH107 Essentials of Care B; ³ NMIH202 Developing Nursing Practice 1; ⁴ NMIH207 Developing Nursing Practice 2; ⁵ NMIH208 Mental Health Nursing 1; ⁶ NMIH301 Nursing Care of People with Chronic Conditions ⁷ NMIH302 Mental Health Nursing 1 ⁸ NMIH308 Transition to Professional Practice	Year ONE		Year TWO			Year THREE		
	Session 1	Session 2	Session 1	Session 2		Session 1		Session 2
	¹ NMIH104	² NMIH107	³ NMIH202	⁴ NMIH207	⁵ NMIH208	⁶ NMIH301	⁷ NMIH302	⁸ NMIH308

Competency Legend (Bondy 1983)

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues.
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues.
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Appendix 9: Employer or Role Competency assessments location in a BN programmes (Courtesy of UoW 2014)

Appendix 9: Employer or Role Competency assessments location in a BN programmes (Courtesy of UoW 2014)

	100 Level	200 Level		300 Level	
The initial and ongoing nursing assessment of a client/patient (should include first contact)		NMIH202	NMIH208	NMIH301	
The management of a client/patient requiring wound care	NMIH107			NMIH301	
The management of Medicine Administration for a single client/patient, or group of clients /patients	NMIH107	NMIH202 (OSCE)	NMIH208	NMIH301	NMIH308 (OSCE)
The management of a client/patient for a span of duty/period of care			NMIH207	NMIH302	
The management of a group of clients/patients for a span of duty/period of care				NMIH301	NMIH308
Monitoring and responding to changes in a client/patient condition				NMIH302	NMIH308
Teaching a Client/Patient			NMIH207		
Teaching of a Colleague					NMIH308

Appendix 10: Publication/Review Articles

- 10 i Brown, RA, Crookes, PA & Iverson, D 2015, 'An audit of skills taught in registered nursing preparation programmes in Australia', *BMC Nursing*, vol. 14, no. 68; DOI 10.1186/s12912-015-0113-7
- 10 ii Brown, RA & Crookes, PA 2016, 'What are the 'necessary' skills for a newly graduating RN? Results of an Australian survey', *BMC Nursing*, vol. 15, no. 23, DOI 10.1186/s12912-016-0144-8
- 10 iii Brown, RA & Crookes, PA 2016, 'What level of competency do experienced nurses expect from a newly graduated registered nurse? Results of an Australian modified Delphi study', *BMC Nursing*, vol. 15, no.45, DOI 10.1186/s12912-016-0166-2
- 10 iv Brown, RA & Crookes, PA 2016, 'What are the levels of competency that students should be expected to develop as they progress through an eligibility to practice programme in Australia? Results of a national survey', *Nurse Education in Practice* (in review). NEP-D-15-00138
- 10 v Brown, RA & Crookes, PA 2016, 'How do expert clinicians assess student nurses competency during workplace experience? A modified nominal group approach to devising a guidance package', *Collegian*, DOI:10.1016/j.colegn.2016.01.004
- 10 vi Brown, RA & Crookes, PA 2016, 'Evaluating the implementation of the nursing competency assessment schedule (NCAS) in Australian universities', *Nurse Education in Practice* (in review). NEP-D-15-00312R1

Appendix 10i

Brown, RA, Crookes, PA & Iverson, D 2015, 'An audit of skills taught in registered nursing preparation programmes in Australia', *BMC Nursing*, vol. 14, no. 68

Appendix 10ii

Brown, RA & Crookes, PA 2016, 'What are the 'necessary' skills for a newly graduating RN? Results of an Australian survey', *BMC Nursing*, vol. 15, no. 23,

URL: <http://www.biomedcentral.com/1472-6955/15/23>

Appendix 10iii

Brown, RA & Crookes, PA 2016, 'What level of competency do experienced nurses expect from a newly graduated registered nurse? Results of an Australian modified Delphi study', *BMC Nursing*, vol15, no.45, DOI 10.1186/s12912-016-0166-2.

Appendix 10iv

Brown, RA & Crookes, PA 2016, 'What are the levels of competency that students should be expected to develop as they progress through an eligibility to practice programme in Australia? Results of a national survey', *Nurse Education in Practice* (in review). NEP-D-15-00138

ABSTRACT

The Australian Nursing and Midwifery Accreditation Council (ANMAC) require nursing programme providers to identify the developing level of competence of their students as they progress through their eligibility to practice programmes. These competency level statements use the National Competency Standards for the Registered Nurse (NMBA 2006). This work builds on the identified skills areas that the profession believes that newly graduating RN's require at the point of registration.

A consensus methodology using survey techniques and expert panels reviewed and validated data management and inclusion/exclusion decisions.

Consensus was reached regarding the levels of competence within the skills areas that can be reasonably expected of student nurses as they progress through an eligibility to practice RN programme in Australia.

Respondents identified the expected level of competency of the student in the skills areas as student nurses progressed through their eligibility to practice programmes.

The skills areas were ranked in order of highest levels of expected competency.

Across all three years of the programme the results consistently showed that maintaining the patients and client's privacy and dignity; demonstrating behaviour conducive to learning and professional nursing behaviours scored highest. The lowest levels identified by the respondents were case manager, leadership and supervisory skills.

Keywords: Competence; skills; student nurse.

Introduction

Competency development in nursing practice is important not just at the point of registration but whilst progressing through eligibility to practice programmes and beyond into a career possibly spanning 40 years. Assuring the safety of the public is critical – public expectation that the nurse will ‘do the client/patient no harm’ is fundamental to how society views nurses and nursing practice. The expectation is that nursing students as they progress through a nursing programme they ‘improve’ their level of competency, capability and confidence. Course accreditation processes in Australia do not mandate specify levels of competency across different university programmes. There are progression points within programmes in terms of specific pre-requisites – for example, the student has to ‘pass’ all aspects of ‘subject a’ before they can progress to ‘subject b’. This includes in some but not all subjects clinical competency, as well as academic components, that the student must be deemed competent at the point of registration (ANMAC, 2012). Course structures in Australian universities do not work to a national standard; in the UK for example ‘Standards for pre-registration nursing education’ (NMC, 2010) are specified by the Nursing & Midwifery Council.

Definitions of competence and competency vary, Eraut (1994), when discussing professional education, explored technical knowledge and skill acquisition; he indicated that professions give their novices “extensive periods of observation and guided practice” (p.38). Eraut goes onto explore Polyany’s (1967) work around ‘tacit’ knowledge; this is the ‘artistry’ component of nursing skill and competence which cannot be embodied in propositional form and is thus not simply taught or defined. The NMC (2010) define competence in terms of

‘the overarching set of knowledge, skills and attitudes required to practise safely and effectively without direct supervision.’
p. 145

Competence is a requirement of entry to the NMC register and the NMBA

(2006) define competence as

‘The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.’
p. 8

Interestingly the same characteristics are found in most of the definitions of competence and competency; broadly, it is the utilisation and application of appropriate knowledge with professionally acceptable attitudes and values whilst demonstrating effective skills in undertaking the safe care of clients/patients and their families.

Background

The purpose of this paper is to present the nursing professions expectations in Australia of the level of competence of students as they progress through an eligibility to practice programme. A modified Delphi technique explored respondents’ expectations using Bondy’s 1983 criteria (Table 1).

Table 1: Modified Bondy (1983) Criteria used to classify students competence in this study.

Independent: (I)	5	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	4	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	3	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	2	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous

		verbal and physical cues.
Dependent: (D)	1	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Crookes and Brown (2010) highlighted that nearly two thirds (63%) of Australian universities used the Bondy criteria to assess their nursing students as they progressed through their eligibility to practice programmes.

The thirty skills areas from the work of Crookes and Brown (2010) were used (Table 2) in a modified Delphi technique. The initial 30 skills areas were derived from a documentary analysis of university curriculum documents in Australia (Crookes and Brown 2010).

Table 2: Thirty skills areas from Crookes and Brown 2010

Planning of Nursing Care.	Preventing Risk and Promoting safety.
Understanding the different roles of RNs.	Case Manager.
Medications and IV Products.	Teamwork and Multidisciplinary Team working
Leadership Skills.	
Clinical monitoring and management - Use of assessment tools.	Personal care - ability to assess, plan implement and evaluate care.
Technology and Informatics.	Cultural Competence.
Supervisory Skills	Therapeutic Nursing Behaviours.
Mental Health Nursing Care.	Efficient and Effective Communication.
Knowledge of key nursing implications of common patient presentations	Clinical interventions - Preparing, Assisting & After Care.
Communication and Documentation.	Learner/Evidence Based Practitioner.
Professional Nursing Behaviours.	Critical Analysis & Reflective Thinking.
Privacy and Dignity.	Demonstrates Teaching/Educator skills.
Dealing with emotional and bereaved people.	Acts as a Resource
	Learning and developmental culture.
Dementia related skills.	Promotes self-care.
Coordinating Skills Regarding Nursing Process.	Demonstrates behaviour conducive to learning.

As a part of the process for national accreditation of nursing programmes in Australia (which commenced in 2010); each university must identify the developing level of competence of students as they progress through their eligibility to practice programme (Table 3 illustrates a section of one such matrix using data from an Australian university). Pre-2010 this was not a requirement of accreditation in each

state/territory in Australia and so this project was timely because it contributes to what is known regarding what the profession expects of students as they progress to graduation as a Registered Nurse (RN).

Table 3: Sample competency development matrix illustrating two examples

NMBA Domain	Competency Area	Session 1	Session 2	Session 1	Session 2		Session 1		Session 2
		NMIH104	NMIH107	NMIH202	NMIH207	NMIH208	NMIH301	NMIH302	NMIH308
Professional Practice	2. Practises within a professional and ethical nursing framework	M	A	S	S	S	I	I	I
Critical Thinking & Analysis	4. Participates in ongoing professional development of self and others	M	M	A	S	A	S	S	S

[Legend: I-Independent; S-Supervised; A-Assisted; M-Marginal; D-Dependent]

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There is a lack of homogeneity in terms of content, structure and delivery and of workplace experiences for the nursing student in Australia across eligibility to practice nursing programmes (Crookes and Brown 2010). This lack of homogeneity probably affects the developing competence of students as they progress through their programmes of study. No two Australian nursing programme curriculae are the same and so identifying progression points at a national level is not a practical approach. Universities in Australia are also located across states and territories with twenty-two metropolitan and seventeen rural or remote (universities); this also adds to the variability in the development and the delivery of nursing programmes; and subsequently the competency and skills set of students through to a newly graduated RN. Interestingly this is not solely an Australian phenomenon in terms of the competency of the newly graduated RN; in the US, Burns and Poster (2008)

identified that there were differences in performance between nurses from different programmes in Texas. This very fluid space includes what skills might be taught and assessed; what level of competence was expected by what stage in preparation; and what competency assessment tools were being used. This literature contributed to the development of this timely study.

Literature regarding the developing competency level of nursing students as they progress through an eligibility to practice programme.

A literature search and review to locate research on competency levels of students as they progress towards graduation as RNs was undertaken. The following databases were explored: ProQuest Central (189), Scopus (23), Medline (22), ERIC (12), Web of Science (4), Academic Search Complete (2), Australian Digital Thesis, Informit databases (133), and Science Direct (412). The search included: English language; from 1980 to 2014; peer reviewed journals, texts and theses. Search terms used were “competenc*”, “develop* competenc*”, “student*”, “nurs*”. Over 380 papers were identified, however, much of this literature related to

1. how the ‘end point’ of programme competency might be developed rather than what competencies or skills nursing students would exhibit as they progressed, or
2. the competence of the already registered nurse and how that competence is maintained over time usually within specific clinical areas (e.g. Critical care, cancer/oncology care); as well as
3. the impacts of ‘residency programmes’ and various forms of ‘preceptorship’ on competency.

The publication dates ranged between 1986 and 2014. The most recent papers (2014) identified important areas such as working with families, spirituality and informatics but did not focus on the continuum of competency development through students’ programmes. On the whole the majority of these papers identified end points for informatics or CPR competencies and so none were pertinent to the present study.

Other documents, such as from accrediting bodies, did provide some information on what might be expected of nursing students as they progress through a programme.

The Nursing and Midwifery Council, UK (2010) set out two progression points within “Annex 2: Progression Criteria”. The first progression point is set out with 18 ‘areas’ listed, these criteria cover;

“safety, safeguarding and protection of people of all ages, their carers and their families” and

“professional values, expected attitudes and the behaviours that must be shown towards people, their carers, their families, and others.” NMC, (2010, p. 97)

These 18 ‘areas’ identify safety and safeguarding people, including carers and families and associated professional behaviours and attitudes. The second progression point contains two criteria;

“Works more independently, with less direct supervision, in a safe and increasingly confident manner.

Demonstrates potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice.’

NMC, (2010, p.102)

The document extends these through the five essential skills clusters in Annex 3 (NMC, 2010, p. 103);

1. care, compassion and communication,
2. organisational aspects of care,
3. infection prevention and control,
4. nutrition and fluid management and
5. medicine management.

There are 42 descriptors within the NMC document illustrating the performance standards expected at the two progression points and on graduation. The five cluster statements identify a number of aspects of care such as the underpinning knowledge, skills and behaviours’ expected at the three points. At the first progression point, the descriptors indicate a simple understanding and skill execution, e.g. can demonstrate

effective hand hygiene. At the second progression point there is some expectation that the nursing student can 'adapt' some simple aspects whereas on entry to the register the initiation, application, educating and challenging others is described within the new graduates practice.

Other countries accreditation processes do not identify the competency of the developing nursing student. In Australia, the accreditation process (Australian Nursing and Midwifery Accreditation Council (ANMAC) 2012) acknowledges that each university course is different so that identifying progression statements across programmes is problematic. ANMAC accreditation does require that each course map the developing competency of the nursing student as they progress through that universities programme – but no two courses are the same and so there are no progression standards or expectations - hence why this work is timely and important.

North American (United States and Canada) accreditation of programmes only appear to identify 'end of programme' competency requirements within their Licensure boards documentation (College of Registered Nurses of British Columbia 2006, Black et al 2008, Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners 2002 and 2013). It is important to point out that each North American state or province has its own accrediting body but that broadly these mirror the references highlighted.

The literature review illustrates that staging student competency through eligibility to practice programmes is not a common approach internationally; however, a broad understanding of what can be expected as nursing students' as they progress through programmes of study is helpful in matching expectation with the reality.

Finally, the literature illustrates the difficulties in assessing competency along with the need for a holistic view of competency (Black, et al., 2008, Meretoja, et al., 2004, Yanhua and Watson, 2011). The ‘holistic view of competency’ it is suggested will include a number of dimensions such as knowledge, skills, performance, attitudes and values which when combined would be both more acceptable to the profession and enable a clearer articulation of what is expected in practice.

Method

The main aim of the study outlined in this paper was for nurses, from a range of backgrounds and roles, to identify the expected competency level of nursing students at the end of first year; end of second year and the final year (on graduation) in the ‘necessary’ skills areas identified in the work of Crookes and Brown (2010).

Ethical Considerations

An ethics submission to the university’s Human Research Ethics Committee (HREC (HE08/142)) was endorsed. All participant groups, research areas and methods were identified within the documents submitted. These included participant information sheets and consent forms to all stakeholders; Heads of schools, clinical academics, students and assessors/supervisors.

Design of the study

An inclusive, consensus methodology was employed to maximise a breadth of contributions and ownership from the profession. The first Delphi invited participants to state what they perceived were necessary skills for a registered nurse this is reported in detail in Brown, et al., (2015). The second round invited

respondents confirm their agreement with the initial round; then the respondents were invited to state what they perceived the competency level was of students in the thirty skills areas using Bondy's (1983) criteria for describing 'competence' (see Table 1). In the third round the skills areas were then circulated to respondents again, this time to confirm their agreement of competency levels in those skills areas expected at the end of each year of their nursing programme.

The modified Delphi technique used a cut-off point that was set prior to circulating information to the experts at 80%, this means that agreement is said to be reached when 80% or more of the respondents agree on an item and further circulation is not required. This was applied in round 1 (Brown, et al., 2015) however as there were a number of options presented in the subsequent rounds applying this 'strict rule' was inappropriate. The subsequent iterations and data analysis is in the form of profiles of the expected competency levels of nursing students.

Participants

The opportunistic sample of respondents was compared to a sampling frame for the Delphi round. This was devised in order to ensure that there were both a sufficient number of respondents and that the respondents who were identified presented a reasonable representation of Australian states and territories, of areas of clinical practice and of urban, rural and remote areas. Of the 495 invited to respond, 299 completed surveys were used in the final analysis.

Data Collection

A proprietary on line survey tool was used (Survey Gizmo) to circulate the survey(s) and manage the data. Bondy's (1983) criteria were provided on each page of the

online survey to assist the respondents in completing the survey (see Table 1). The presentation of the questions within the survey was rotated in order to avoid respondent fatigue (Oppenheim 1992); this technique is a recognised strategy to reduce such bias. A time frame was established so that respondents had sufficient opportunity to complete the survey.

The assigned values were used to identify mean scores within each of the skills areas in order to assist in analysis and the presentation of results. The values assigned are presented in Table 1; where Independent was weighted five (5) and Dependent was weighted one (1).

Data Analysis

Following completion of the survey the data was downloaded in Excel and SPSS formats for review and analysis. The raw data were reviewed and the results generated with particular attention paid to the ranking by respondents' views on the expected level of competency at the end of first, second and third years. Scores were weighted so that a mean expected competency rating could be calculated for each of the skills areas across all three years of the programme of study.

Scores were calculated using the mean for each of the skills areas. An example of this is explained here “*Clinical monitoring and management - Use of assessment tools (e.g. Haemodynamic / respiratory assessment, etc.) all forms of assessment are included here - Year 1*”.

There were 286 respondents to this item. Table 4 shows that 82 respondents indicated that they would expect first year students to be ‘dependent’ (1) in this skill area, whilst only 2 indicated that they expected students would be ‘independent’ (5).

Table 4: An example of scoring for a skills area

Skill Area Year 1 - Score (e.g. 1 to 5)	Dependent (1)	Marginal (2)	Assisted (3)	Supervised (4)	Independent (5)	Score
Clinical monitoring and management - Use of assessment tools (e.g. Hemodynamic / respiratory assessment, etc.)	82	90	90	22	2	2.20

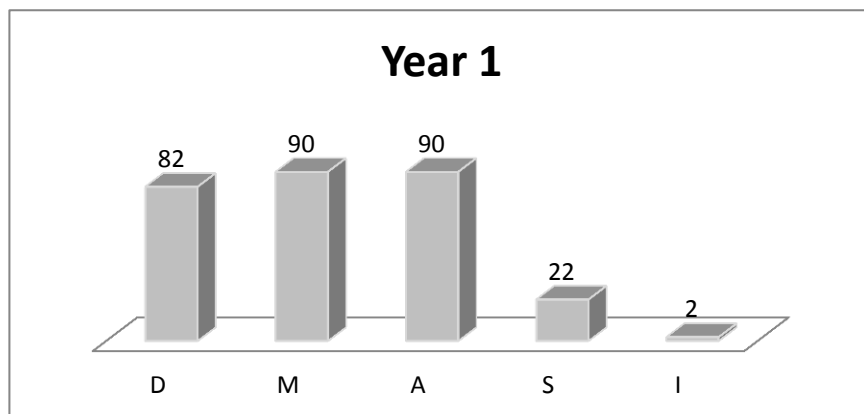
In order to obtain a ‘mean’ the following calculation was used:

$$\begin{aligned}
 &\text{Dependent} + \text{Marginal} + \text{Assisted} + \text{Supervised} + \text{Independent} \\
 &(5 \times 2) \quad (2 \times 90) \quad (3 \times 90) \quad (4 \times 22) \quad (1 \times 82) = \\
 &[\text{Weighted 1}] 82 + [\text{Weighted 2}] 1 + [\text{Weighted 3}] 270 + [\text{Weighted 4}] 88 + [\text{Weighted 5}] 10 = \\
 &630
 \end{aligned}$$

A mean expected competency rating was obtained by dividing this total (630) by the number of respondents to this item (n=286) meaning that for *Clinical monitoring and management - Use of assessment tools (e.g. Haemodynamic/respiratory assessment, etc.) all forms of assessment are included here. - Year 1* a score of 2.2 resulted (note: 2 equates to ‘Marginal’ and 3 equates to ‘Assisted’ according to Bondy’s scale).

Other measures of central tendency - mode and median, generated similar scores of ‘2’.

Figure 1: Clinical monitoring and management - Use of assessment tools



Legend: D-Dependent; N-Marginal; A-Assisted; S-Supervised; I-Independent

The feedback from the second round for each of the thirty skills areas was reviewed; scores were calculated and verified by the reference group. The reference group reviewed the method of calculating the mean values and agreed with the interpretation and analysis. Finally, 80 randomly selected respondents were invited to review the data and over 95% agreed that this data reflected their views of the evolving levels of competence that could be expected as nursing students progressed through their programme of study. This valuable validation of the data by members of the expert panel illustrated the homogeneity of the data set and results; which in turn emphasises the 'trustworthiness of the method', the 'coherence of results' and the possible 'transferability and application of results' to other similar populations (Lincoln and Guba, 1985, p. 300 and Sousa, 2014).

Results

The results are presented in three sections; firstly, an initial demographic component; secondly, a section; which deals with respondents' responses in the Delphi, having been invited to state the level of competence (independence) they would expect of nursing students at three points in an eligibility to practice nursing programme. These were identified at the end of first year; at the end of the second year; and, at the conclusion of their eligibility to practice programme. A final section, which explores those same respondents, views from the perspective of their primary role.

The data presented is from the perspective of five skills areas only, as the entire data set reflecting 30 skills areas is too large for the limits of a paper such as this. The five skills areas selected to represent the overall data set are the two highest ranked skills areas (in terms of expected competence) (Privacy and Dignity; and Behaviour

Conducive to Learning); a mid-range skills areas (Preventing Risk and Promoting Safety; and the two lowest ranked skills area (Leadership and Case Manager). The headings used are the relevant skills area and the results are explored through the lens of the students' expected level of competence within the skills area, as indicated by the Bondy criteria.

i. Demographics of the respondents

Initially 495 nurses were invited to participate using the web based survey tool (Survey Gizmo). Of those approached, 299 responded, of which: 27% were academics; 69% worked within clinical settings; and 4% were not currently working. Senior clinicians totalled 45%, with a number being in education roles (Clinical Nurse Educators (n=64, 21.4%) and Graduate Programme Coordinators (n=16, 5.4%). Two percent (2%) were new graduates on a transition programme. The remaining respondents consisted of Directors of Nursing Services or their assistants/deputies (n=28, 9.4%). The 80 (26.8%) nurse academics consisted of 21.1% Lecturer or Senior Lecturers (n=63); 4.7% Professors or Associate Professors (n=13); and there were 2 Deans/Heads of Nursing Schools in the sample. It is interesting to note that the 39.6% who did not respond broadly reflect the invited initial population; there were more clinicians and slightly fewer academics responding. Table 5 illustrates the demographic data.

Table 5: Demographics of the respondents

Nurses (n=299) Percentage	Number	Percentage	Breakdown	Number
Academics	80	27%		
			Heads/Deans	4
		1.2%	Professors or Associate Professors	13
		4.7%	Lecturer or Senior Lecturer	63
		21.1%		
Clinicians	206	69%		
			Directors of Nursing & Assistants	28
		9.4%	Clinical Nurse Consultant/Manager	73
		24.4%	Clinical Nurse Educators	64
		21.4%	Graduate Programme Coordinators	16
		5.4%	Facilitator/Preceptor	16
		5.4%	New Graduate RNs	5
		1.8%	Missing	4
		1.3%		
Retired Nurses	13	4%		

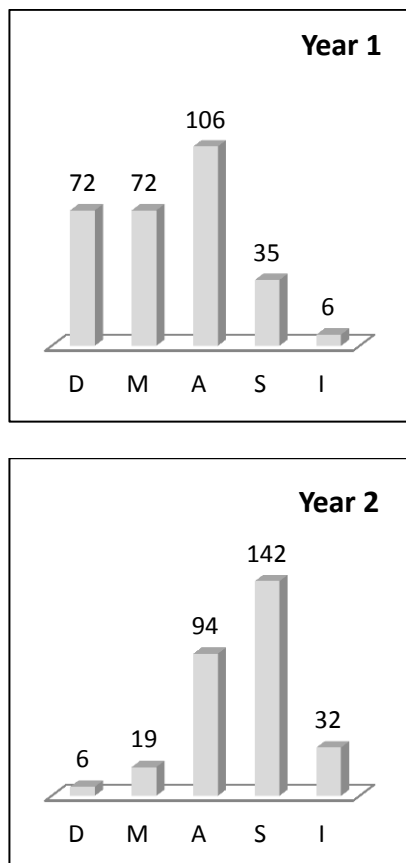
Respondents represented ranges of clinical specialties. There were a significant number (91) who were involved in more than one clinical setting, the highest proportion of which, were managers, clinical nurses and educators. The most numerous respondents were from tertiary acute care settings such as medicine, surgery; critical care and perioperative practice (n=87, 29%). Aged care, primary care and mental health were represented with 12.7%, 7.9% and 13.7% of respondents

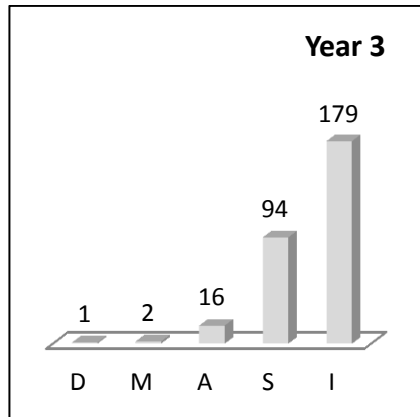
respectively. The highest proportion of respondents had been in their current roles in nursing for between 3 and 10 years (42.4%). The rest were those who had been in their role for over ten years (29.6%); and up to 2 years (28%).

ii. Delphi Survey Responses

This section presents a brief overview of the one set of the results for each of the three years in Figure 2, Table 5 focusses on the five skills areas outlined above. The full list of skills areas can be seen in Crookes and Brown (2010).

Figure 2: showing changes in expectations of ‘competency’ in one of the skills areas, ‘Preventing Risk and Promoting Safety’ across the three years of a BN Programme





[Legend: D-Dependent; N-Marginal; A-Assisted; S-Supervised; I-Independent]

Figure 2 illustrates the developing levels of ‘competence’ as articulated by respondents, using the Bondy scale, in the skills area ‘Preventing Risk and Promoting Safety’. These three boxes represent the respective years 1, 2 and 3 on a nursing eligibility to practice programme. The column numbers represents the numbers of respondents in that category.

As one might expect the typical pattern is that by the end of first year, students tended to be expected to exhibit minimal competence (with the majority rated as ‘dependent’ or ‘marginal’); whereas third year (graduating) students tended to be expected to be either requiring ‘supervision’ or the majority as ‘independent’. More detailed analyses of these ‘representative’ skills areas, now follows.

Table 6: Data from five ranked skills areas used to illustrate expectations of developing competency of nursing students across a three-year programme.

Position in Ranking (from highest to lowest competency)			Skills area	Mean score (1-Dependent/5-Independent)		
First Year	Second Year	Third Year		First Year	Second Year	Third Year
1	1	1	Privacy and Dignity (e.g. cultural care/transcultural practice, personal space, respectful)	3.2	4.2	4.8
2	2	2	Demonstrates behaviour conducive to learning (e.g. approachable and supportive)	3.0	3.9	4.7
8	6	6	Preventing Risk and Promoting safety - Duty of care (e.g. Strategies for reducing risk, risk assessment, etc. - Promoting self-care)	2.4	3.6	4.5
24	22	19	Medications and IV Products (e.g. Safe and appropriate administration of medications)	1.9	3.1	4.2
29	29	29	Leadership Skills	1.84	2.66	3.71
30	30	30	Case Manager (e.g. Coordination of care, crisis/emergency situation management, etc.)	1.7	2.6	3.4

Table 5 shows that for end-of first year students, only two skills areas scored three (3) or higher (where 3 equates to ‘assisted’ and 4 is ‘supervised’). The highest level of expectation for a skills area for the end of first year (3.2) was for ‘Privacy and Dignity’. Thus, 37% of respondents (99) believed that by the end of first year, nursing students should be ‘independent’ or ‘supervised’ in these skills areas. The median and mean scores for this item for students at the end of first year were 3 and 3.2 respectively, illustrating that a majority of respondents believed that such students would still require assistance in this skills area – even though it appears as the most highly ranked when the whole respondent data set is reviewed. The mean and mode scores for students at the end of second year were 4.2 and 4; thus respondents believed that these students should be operating at a competency level

where they ‘require supervision’ but that they should be ‘safe and knowledgeable; efficient and coordinated’, display ‘some confidence’ and ‘undertake activities within a reasonable timely manner; ‘requiring occasional supporting cues’. Finally, for the graduating student (i.e. about to be a Registered Nurse) the mean score was 4.81. Thus, 244 (84%) respondents believed that the new graduate should be ‘independent’ in this skills area.

There were numerous qualitative responses related to the two skills areas: ‘*Privacy and Dignity*’; and ‘*Demonstrates behaviour conducive to learning*’. These illustrated a widely held expectation amongst the respondent population that ‘competence’ in these two skills areas, should be inherent in nursing students. Free-text statements from respondents in the survey such as ‘everyone knows that...’ with regard to privacy and dignity and that the demonstration of behaviours conducive to learning should be a part of any vocational learning. This view held by a number of respondents is a difficult assumption to clarify any further from the data as it stands. It is therefore suggested as an area for further work in terms of possible ‘traits’ that one might expect of students joining nursing programmes; along with ‘how one would ascertain that they have them’ – presumably before or on entry to a programme.

For the third skills area “*Preventing risk and promoting safety – duty of care (e.g. strategies for reducing risk, risk assessment, etc.)*”, only 5 respondents (2%) expected that nursing students, should be ‘independent’ by the end of their 1st year; whilst 60 (23%) believed that that they should be ‘dependent’ and thus require significant support. Perhaps the most interesting point to be made about this data is that first year students are obviously seen to be developing their expertise in this skill

area and so require significant support during workplace experience. This was supported by free-text comments from respondents, e.g. *‘duty of care is important but I expect junior students to see it role- modelled rather than exhibit it themselves’*. In terms of graduating nurses, 179 respondents (62%) believed that new graduates should be independent in this area, while 94 (32%) said they would still be requiring supervision. Thus with these data combined, more than 90% of respondents believed that nurses should be either ‘supervised’ or ‘independent’ in the skills area of “Preventing risk and promoting safety – duty of care” at the point of registration.

In terms of levels of expectation, the lowest end-of-first-year scores were for ‘Case Manager’ (1.7) and ‘Leadership’ (1.82) (incidentally, both only slightly ahead of ‘Supervisory Skills’ [1.85]). Significantly, more than 40% of respondents indicated that none of these three skills areas were applicable to first year students. This was in marked contrast to the highest ranked skills area for the end of first year. As indicated above, many respondents commented that ‘Privacy and Dignity’ was such a fundamental area, that it was expected ‘any one should know how to do this’, some even going on to assert in free text responses that *‘this is an aspect of care that should not even need to be taught’*(sic).

These weighted scores in relation to ‘Case Manager’ and ‘Leadership’ skills, for students by the end of first year, indicate that they would be expected to have little expertise in these areas; and on the whole they would require considerable support for most of their time in training. For graduating students they were the lowest scoring skills area in terms of ‘expected level of competence’, with a mean of 3.36 (i.e. between ‘assisted’ and ‘supervised’) and 3.68 respectively. This data is clearly worthy of further exploration, not least because in earlier work of Crookes and

Brown (2010) ‘Case Manager’ skills were identified as ‘necessary’ by 58% of respondents and ‘Leadership’ skills by 38% (n = 497 for these items in that survey).

iii. Delphi Survey Responses – Respondents by primary role

This section of the results and discussion explores the five skills areas highlighted earlier in this paper from the perspective of the respondent’s primary area of work.

Table 6 presents this data in a tabular form.

Table 7: The five ranked skills areas comparing data according to respondents’ area of work.

Position in Ranking (from highest to lowest expected competency)			Skills area
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The data in Table 5 demonstrates the consistency of the data of the expectations of experienced nurses regarding evolving competency in students across 3-year nursing programmes. It illustrates broad agreement amongst respondents regarding the expected competency level of students in the thirty skills areas, across the three years

of nursing degree programmes. This agreement was replicated across all 30 skills areas.

There were some minor differences in terms of the ranking; for example ‘Cultural competence’, which came ninth on the list for Mental Health nurses, but there were small difference in the values and there were a relatively small number of respondents. The same can be said for ‘Mental Health nursing skills’. It was perhaps to be expected, that respondents from Mental Health would rate this higher than other respondents. Even so, their feedback placed this skills area at 20 out of the 30 skills areas; other groups’ academics and acute care clinician’s located Mental Health skills at 26th and 25th respectively.

This data thus shows that broadly homogeneous data was received from this large sample of nurses from across Australia; illustrating that there was broad agreement on expectations for developing competency in the thirty skills areas across nursing degree programmes.

Discussion

The expectations regarding the competency of graduates were dealt with in detail in a previous paper (Brown and Crookes, 2016) this has however, briefly included in this paper for completeness. In terms of the demographics, the figures broadly reflect the geographical make-up of the nursing profession in Australia (NMBA, 2014) in terms of the proportions of nurses represented in the survey population. The proportion of respondents from Victoria and New South Wales were slightly higher than from the remaining states and territories.

Comrey and Lee (1992) indicate that a figure of around 300 respondents is ‘good’ for a survey in terms of factor analysis and statistical significance as the homogeneity of the study sample reflects the working nursing population with regard to clinical settings and experience. This also strengthens the credibility of the data and reduces sampling error (Burns and Groves, 2009).

Little literature appears to exist with respect to the skills areas, in the developing nursing student, however, del Bueno’s (2005) work explored new graduates’ judgement skills by scoring their assessment and subsequent judgement of clinical issues presented within patient video simulations. This work illustrated that new graduates were unable to critically review patient data and so were deemed to lack ‘case management’ skills as well as critical thinking capability. This too is worthy of further exploration in that critical thinking and leadership are areas of competency that new graduate nurses are expected to possess; and as such it is an integral part of guidance in curriculum construction for entry to practice nursing programmes, at least in Australia (ANMAC, 2014).

What is apparent then, is that there is clearly no correlation between what the profession sees as being a reasonable expectation of newly graduating nurses and the reality of their capability as a ‘case manager’. The regulatory expectation of newly graduating nurses as Registered Nurses is that a ‘core competence’ is managing a caseload (NMBA, 2006). Such data should surely be seen as a trigger for a consideration of the generation of a set of competency standards for Newly Graduating Nurses; such as exist in other disciplines such as teaching (AITSL, 2010). The introduction of such standards would allow for more reasonable expectations of newly graduating nurses to be articulated - expectations which would

presumably reflect the levels of expectation identified ‘in current practice’ in this study?

It is useful to talk briefly here about the expected ‘growth curves’ of the various skills areas across a curriculum. The two highest ranked skills areas: ‘Privacy and Dignity’; and ‘Demonstrates behaviour conducive to learning (e.g. approachable and supportive)’; were identified across all three years of the students’ experience as being ‘fundamental’ or even ‘expected’. There was thus the least growth in expectation noted in these two skills areas across 3 years, basically because expectation was so high at the outset. The highest growth in expectation between 1st and 3rd year was in the two skills areas: ‘Preventing Risk and Promoting safety - Duty of care (e.g. Strategies for reducing risk, risk assessment, etc. - Promoting self-care)’; and ‘Medications and IV Products (e.g. Safe and appropriate administration of medications)’ - both with an increased level of expectation of 2.3. Respondents commented that these two skills areas were high risk in terms of client/patient; particularly where client/patient safety could be compromised. The implication of this, is that particular attention needs to be paid to the construction and scaffolding of capability within nursing curriculum to facilitate the growth, development and assessment of students, in these two skills areas.

The data for the five skills areas presented in this paper broadly illustrate the pattern presented across all thirty skills areas. Firstly, for some skills areas there is a clear sense that respondents’ believed that students should possess a significant degree of ‘competence’ on entry to the programme. Secondly that it is expected that there will be a degree of growth and development of the students’ ‘competence’ as they progress through their nursing degree programmes; and thirdly, for skills areas where

there is an obvious high risk to the patient or client, students are expected to show less and/or slower competency growth across the programme.

Conclusion

There has been no work previously published which has sought to articulate the developing expected level of competence of nursing students as they progress through an eligibility to practice nursing programme anywhere in the world.

Respondents were clearly able to articulate their expectations of students' developing competence as they progressed through an eligibility to practice programme; a number of comments further clarified why the respondent believed what they did.

There was consistency in the views of respondents about the developing competence of the student both in terms of the scoring and in their comments. The highest level of expectation was associated with privacy and dignity and attitudes to learning, so much so that many respondents, actually said they felt students should be

'competent' in these areas on entry to programmes; this is an area for possible further exploration in the future. The lowest expectations were associated with leadership and case management 'skills'. This is perhaps to be expected but significantly this was identified as a 'necessary' skill in early work conducted by Crookes and Brown (2010), A large proportion were actually of the view that they would not expect students to be 'competent' in these areas by the time they graduate as an RN (35% and 44% respectively).

A number of challenges are raised in which finding the balance between '*allowing the student the opportunity to practice*' and yet the obvious need to maintain the safety of the patient/client being paramount. On some occasions, there was an

apparent tension between the students' exposure to practice and reduction of risk and maintaining safety. This tension created difficulties for clinicians and their perceived opportunity to assess the students' competence, possibly an area for further research. The NMBA (2006) competencies do not differentiate any varying levels in any of the statements to accommodate either; the possible risks to client's early on in nursing programmes or in the later anticipated growth and development of the nursing students competence. An obvious area to consider when developing nursing programmes in the future.

The apparent lack of competency of the newly graduating registered nurse in Australia and across the world (Berkow et al. 2009, Birks et al. 2013, del Bueno, 2005, Duchscher, 2009) is probably a corollary of the way that competency is developed by students as they progress through nursing programmes, as well as how the new graduate registered nurse 'feels about their competency' (Duchscher, 2009). The ways that clinicians support the student during workplace experience and the way that the respondents describe the difficulty with 'allowing the student scope' to practice under supervision encouraging but managing independence is an area for further work.

The increasing complexity and acuity of care and the 'shortage of nurses' are challenging for the registered nurse attempting to support the student and allowing the student opportunities and time to learn. Setting the bar of the level of competence of the student progressing through the programme is something that will assist the student as they progress through the programme an understanding of what is expected and of what can be expected of the new graduate nurse in Australia (in terms of those skill).

Finally, the developing work in simulation, laboratory work and gaming is providing opportunities for students to develop in the required skills areas with the ability to control exposure to risk; further research needs to be undertaken in tandem with the use of standardised workplace assessment tools such as the Nursing Competency Assessment Schedule (NCAS) developed by Crookes and Brown 2010.

References

- Australian Institute for Teaching and School Leadership 2010. Australian Professional Standards for Teachers <http://www.aitsl.edu.au/australian-professional-standards-for-teachers/standards/list> Accessed May-2015.
- Berkow, S., Virkstis, K., Stewart, J., Conway, L., 2009. Assessing new graduate performance. *Nurse Educator* 34:1, 17-22.
- Birks, M., Cant, R., James, A., Chung, C., Davis, J., 2013. The use of physical assessment skills by registered nurses in Australia: Issues for nursing education. *Collegian*, 20:1, 27-33.
- Black, J., Allen, D., Redfern, L., Muzio, L., Rushowick, B., Balaski, B., Martens, P., Crawford, M., Conlin-Saïndon, K., Chapman, L., Gautreau, G., Brennan, M., Gosbee, B., Kelly, C., Round B., 2008. Competencies in the context of entry-level registered nurse practice: a collaborative project in Canada. *International Nursing Review* 55:2, 171–178.
- Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners. 2002. Differentiated entry level competencies of graduates of Texas nursing programs. Austin. TX: Author.
- Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners. 2013. Meeting programme of Study Objectives through Clinical Learning Experiences, https://www.bon.texas.gov/pdfs/education_pdfs/education_nursing_guidelines/3.7Program_of_Study/3-7-2-a.pdf
- Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners. 2013. Student Evaluation Methods and Tools, https://www.bon.texas.gov/pdfs/education_pdfs/education_nursing_guidelines/3.7Program_of_Study/3-7-3-a.pdf
- Bondy, K. 1983. Criterion-referenced definitions for rating scales in Clinical Evaluation. *Journal of Nursing Education* 22: 9, 376-382.

Brown, R.A., Crookes, P.A., Iverson, D., 2015. An audit of skills taught in registered nursing preparation programmes in Australia. *BMC Nursing* 14:68; DOI: 10.1186/s12912-015-0113-7

Burns, P., Poster, E.C., 2008. Competency development in new registered nurse graduates: closing the gap between education and practice. *The Journal of Continuing Education in Nursing* 39: 2, 67-73.

Burns, N., Grove, S.K., 2009. *The Practice of Nursing research: Appraisal, Synthesis, and Generation of evidence*, sixth ed. Saunders Elsevier, St. Louis, MO.

Crookes, P.A., Brown, R.A., 2010. The development of a pre-registration nursing competencies assessment tool for use across Australian universities, ALTC, Sydney, Australia.

Comrey, A.L., Lee, H.B., 1992. *A first Course in Factor Analysis*, Erlbaum, Hillsdale, NJ.

Duchscher, J.E.B., 2009. Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing* 65:5, 1103–1113 doi: 10.1111/j.1365-2648.2008.04898.x

Eraut, M., 1994. *Developing Professional Knowledge and Competence*, Falmer Press, London.

Lincoln, Y.S., Guba, E.G., 1985. *Naturalistic inquiry*, Sage, London.

Meretoja, R., Isoaho, H., Leino-Kilpi, K., 2004. Nurse Competence Scale: development and psychometric testing. *Journal of Advanced Nursing* 47; 2, 124-133.

Nursing and Midwifery Board of Australia, 2006. *National Competency Standards for the Registered Nurse*, NMBA, AUS,

Oppenheim, A.N., 1992. *Questionnaire Design, Interviewing and Attitude Measurement*, Bloomsbury Academic.

Sousa, D., 2014. Validation in Qualitative Research: General Aspects and Specificities of the Descriptive Phenomenological Method. *Qualitative Research in Psychology* 11:2, 211-227

Yanhua, C., Watson, R., 2011. A review of clinical competence assessment in nursing. *Nurse Education Today*, 31: 8, 833-836.

Appendix 10v

Brown, RA & Crookes, PA 2016, 'How do expert clinicians assess student nurses competency during workplace experience? A modified nominal group approach to devising a guidance package', *Collegian* DOI:10.1016/j.colegn.2016.01.004

Appendix 10vi

Brown, RA & Crookes, PA 2016, 'Evaluating the implementation of the nursing competency assessment schedule (NCAS) in Australian universities', *Nurse Education in Practice* (in review). NEP-D-15-00312R1

ABSTRACT

This paper presents evaluation data from six universities implementing the Nursing Competency Assessment Schedule (NCAS) in Australia. The schedule is designed to assess nursing students' competency as they progress through eligibility to practice programmes and on graduation. Australian universities must state that a final year student is competent against the National Competency Standards for the Registered Nurse.

Experienced nurse clinicians, students and academics were surveyed exploring the utility of the Nursing Competency Assessment Schedule (NCAS) documentation. Qualitative data was gathered through free text comments in the survey and through eight focus groups to enrich the quantitative data.

Respondents agreed that the Nursing Competency Assessment Schedule provided clear guidance on what was expected of both student and assessor and that it was easy to use. NCAS provided the assessor with developmental feedback that assisted them to explore with the student their strengths and areas for development as well as a clear justification for a fail grade.

The Nursing Competency Assessment Schedule supported both students and clinicians when assessing a nursing student's competence. Using the employer competencies, including observing specific nursing practice activities enabled the clinician to assess, and assisted the student to demonstrate, their competence.

Key words: Student nurse competence; Competence assessment; evaluation methodology.

Introduction

This aim of this paper is to present evaluation data from a bench-marking exercise undertaken during the introduction of the Nursing Competency Assessment Schedule (NCAS) into six Australian universities. The schedule was developed to assess undergraduate nursing students as part of a competitive funded research project by the Australian Learning and Teaching Council (ALTC) (Crookes & Brown 2010). The ALTC (CG7-523) project brought together curriculum analyses from universities delivering eligibility to practice programmes across Australia (n=39) with the outcome being the successful production of the schedule to assess nursing students. Consensus methods were used, including a modified Delphi technique and modified nominal groups to gather and explore information about skills taught and assessment strategies used to assess competency in nursing students in Australia. The schedule (NCAS) was developed for implementation, evaluation and benchmarking within a group of early adopter universities. The NCAS documentation has two sections;

- i. the regulatory competencies (NMBA 2006) - Table 1 and
- ii. the employer competencies.

Table 1: National competency standards for the registered nurse (NMBA 2006)

Domain	Competence statement
Professional practice This relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.	1. Practises in accordance with legislation affecting nursing practice and health care.
	2. Practises within a professional and ethical nursing framework
Critical thinking and analysis This relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.	3. Practises within an evidence-based framework
	4. Participates in ongoing professional development of self and others
Provision and coordination of care This domain relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals /groups, planning, implementation and evaluation of care.	5. Conducts a comprehensive and systematic nursing assessment
	6. Plans nursing care in consultation with individuals / groups, significant others and the interdisciplinary healthcare team
	7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes
	8. Evaluates progress towards expected individual / group health outcomes in consultation with individuals / groups, significant others and interdisciplinary health care team
Collaborative and therapeutic practice This relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to nurses understanding their contribution	9. Establishes, maintains and appropriately concludes therapeutic relationships
	10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care

Guidance notes were developed that support both scaffolded learning for the student and decision making for the assessor (Crookes and Brown 2010; CDNM 2011; Brown & Crookes 2016).

There are four domains in the Nursing and Midwifery Board of Australia (NMBA 2006) regulatory competencies framework (Table 1); Professional Practice, Critical Thinking and Analysis, Provision and Coordination of Care and Collaborative and Therapeutic Practice. Allen (2000) used the terms ‘regulatory’ as the ‘how to do the job’ and ‘employer’ competencies as ‘doing the job’ in order to differentiate these important dimensions. Students need to demonstrate their regulatory competence at the point of registration against these competencies (ANMAC 2012). The Australian Nursing and Midwifery Accreditation Council (ANMAC 2012) standards (3, 5 and 9) are clear on the responsibility of the higher education institution in verifying the competency of the new graduate registered nurse on completion of their eligibility to practice programme;

“including a summative assessment of student performance against the current National Competency Standards for the Registered Nurse.”

ANMAC 2012, p. 9

Evaluating and assessing a student or new graduate registered nurses' competency is performed by experienced clinicians; with varied and sometimes limited preparation using different tools from different institutions. Such a plethora of preparation programmes and documentation, not to mention differing curricula, leads to wide variation in what assessors are 'looking for' in the new graduate Registered Nurse (RN).

Background

Definitions of clinical competence and competency assessment continue to be contentious; Yanhua & Watson's (2011) review of clinical competence assessment in nursing indicates that progress has been made since Watson et al's initial review in 2002. Probably there are two critical aspects; firstly the acknowledgement that 'competency in nursing has a direct influence on the health and safety of all patients' (Axley 2008:214) and secondly the shift towards a holistic approach to competence which includes 'knowledge, skills performance, attitudes and values' (Black et al 2008, NMBA 2006, Meretoja et al 2004) – rather than a somewhat reductionist unidimensional 'skills-based' approach. These authors however acknowledge the value of a number of skills in nursing practice and how they make up the sub components of competency, certainly as perceived by student nurses and new graduates (Meretoja et al 2004; Duchscher 2009). Birks et al (2014) however reiterates the skills taught in RN programmes are not what new graduate nurses actually need in practice so there is evidence that nursing eligibility to practice programmes could focus more on a range of specific skills or employer competencies (Allen 2000; Brown & Crookes 2016).

An outcome of 'how do nursing students demonstrate competence?' as well as 'how do assessors assess nursing students competency?' is explored in Brown & Crookes' (2016) research. Here respondents, experienced assessors, clinicians and academics, explained that they used aspects of the registered nurses role, or the employer competencies, to observe and assess student nurses competency.

This paper presents the findings of the evaluation of the use of NCAS by assessors and students in six universities in Australia.

Method

In order to prepare the six participating universities there were a number of pre-evaluation activities. Participating universities were invited to map both the regulatory and the employer competencies within their programmes prior to the workshops. An example of each is presented here; firstly the regulatory competencies Table 2 followed by the employer competencies Table 3.

Table 2: Illustrates an example of the student's developing competency.

¹ NMIH104 Art and Science of Nursing B; ² NMIH107 Essentials of Care B; ³ NMIH202 Developing Nursing Practice 1; ⁴ NMIH207 Developing Nursing Practice 2; ⁵ NMIH208 Mental Health Nursing 1; ⁶ NMIH301 Nursing Care of People with Chronic Conditions ⁷ NMIH302 Mental Health Nursing 1 ⁸ NMIH308 Transition to Professional Practice		Year ONE		Year TWO			Year THREE		
		Session 1	Session 2	Session 1	Session 2		Session 1	Session 2	
		¹ NMIH104	² NMIH107	³ NMIH202	⁴ NMIH207	⁵ NMIH208	⁶ NMIH301	⁷ NMIH302	⁸ NMIH308
Provision and Coordination of Care NMBA (2006)	7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes	A	A	A	S	A	I	I	I
Legend: Independent:(I)/Supervised:(S)/Assisted:(A)/Marginal:(M)/Dependent(D) NB Courtesy of University of Wollongong, Bachelor of Nursing Curriculum Document 2014.									

Bondy 1983

Within this curriculum model the student is expected to illustrate developing competency as they progress through the BN programme; moving from 'assisted' through 'supervised' to 'independent'.

Table 3: Illustrates an example of the location of one of the Employer Competencies in a BN programme.

	Year ONE		Year TWO		Year THREE	
	Session 1	Session 2	Session 1	Session 2	Session 1	Session 2
Managing medication administration		² NMIH107	³ NMIH202 (OSCE)	⁵ NMIH208	⁶ NMIH301	⁸ NMIH308 (OSCE)

NB Courtesy of University of Wollongong, Bachelor of Nursing Curriculum Document 2014 & OSCE: Observed Structured Clinical Evaluation.

The employer competencies (Table 3) are located within the subjects that the university delivered as a part of their nursing programme. The example Managing Medication Administration is assessed in five subjects with increasing levels of complexity; first

year-²NMIH107; then two second year subjects ³NMIH202 (OSCE); ⁵NMIH208 and two third year subjects ⁶NMIH301 and ⁸NMIH308 (OSCE).

This employer competency example (Managing Medication Administration) illustrates the progressing student could undertake the employer competency assessment(s) within the relevant workplace experience using the schedule on a number of occasions. The regulatory competencies would also be assessed at a variety of points during the students' workplace experience progress; probably across each of the four NMBA (2006) domains.

In the majority of situations one of the employer competencies would be assessed within each of the workplace experiences; each university mapped the employer competencies to match their curriculum scaffolding of knowledge, skills, attitudes and behaviours. This ensured that the student had exposure to the appropriate antecedent information prior to attending the workplace experience.

Workshops that supported the preparation of the students and assessors were delivered within the universities assessor preparation workshops. As part of accreditation assessors are 'prepared' to support students in practice (Standard 8 (8.6) ANMAC 2012:18). The NCAS component of the preparatory workshop was 'standardised' however the specific aspects related to the placement and the level expected of the student at that point in the universities programme were highlighted. The NCAS documentation for each of the six universities was identical (Crookes and Brown 2010) however the level of competency expected by the student at a particular point in the course was different in each university. The workshop was therefore tailored to fit those universities expectations of their students' competence at that point in the course. The NCAS documentation clearly highlighted for the assessor and student what was expected of them. Examples were explored within the workshops through vignettes and assessors were paired to grade case-studies, and then discuss their grading within the workshop. Strategies such as 'think out loud' (Lewis, 1982) were discussed and explored as a means of ensuring the quality and safety of patient/client care via effective competency assessment.

Students similarly explored the documentation and discussed the levels of competence required to pass that subject, including the 'think aloud strategy' as a means of assisting

the assessor to understand the thought processes of students during assessment. Students were at various points ranging from first to third year; there were no final session students' as this may have created a greater burden on them and may have had an impact on their ability to graduate. The students were encouraged within the workshop, to use the NCAS document to self-rate their competence prior to workplace experience – against what was expected of them at the relevant point in their course. Students were also asked to self-rate at the commencement of the workplace experience and the assessor would review that initial self-assessment with the student. Students would again self-rate at the mid-point of their placement and just prior to completion. Most universities undertook a formal mid-point assessment of the student and this, along with the self-rating by the students, supported the students' competency assessment. This approach allowed both students and assessors to have 'broad understanding' about how students were 'tracking' against the intended level of competency expected. The final record of the competency of students was recorded at the conclusion of the workplace experience.

The benchmarking exercise used NCAS alongside each university's assessment of practice documentation. Accreditation required an institution to 'inform' the state/territory accreditation body regarding changes in the operation of their accredited programme or they may be in 'violation' of their accreditation, for example, by using a different competency assessment tool to assess the student. At the time, local state and territory accreditation processes included the presentation of the competency assessment tool that would be used to assess the student in practice within that university. As NCAS was not a part of those universities' accreditation it could not replace their previous documentation without the accrediting bodies' approval.

Other evaluation areas were explored as part of the implementation project, for example: the management of data by the clinical academics; and a school/university view of the way that NCAS could be integrated into a university curriculum. These will be explored in later publications.

A "utilisation focused approach" to the evaluation of NCAS was used (Stufflebeam 2001) as this methodology explores the impact of an intervention based on key users or participants views. The aim of the NCAS evaluation was to explore, through clinical

assessors and students, the utility of the documentation and the value of the preparatory workshops. The evaluation design approach extolled by Stevahn et al (2010) employs a mixed methods approach utilising surveys and focus groups. The survey design included two sections; one addressed the regulatory competencies and the second, the employer competencies. There were three surveys; one for clinical academics; one for assessors and one for students. A 5 point Likert scale from strongly agree to strongly disagree was used and there were two free text spaces for comments by the respondents.

The questions were similarly posed with the intention of exploring the same aspect but from the two key stakeholder perspectives; two examples are set out in Table 4:

Table 4: Questions posed to students and assessors in the survey

Student question	Assessor Question
1. The Bondy (1983) scaling used made it clear regarding what was expected from me in each of the 10 areas.	1. The Bondy (1983) scaling used made it clear to me what was expected of the student in each of the 10 areas.
7. The form assisted structured feedback from the facilitator/educator.	7. The form assisted structured feedback to the student.

The intention here was to explore similar areas between the two key stakeholders and for ease of data management. The same approach was used with the regulatory competency survey; this aspect of the survey design was exploring the utility of the document and the value of the guidance notes to respondents in supporting their decision making including the advisory developmental suggestions the document offered.

The surveys were distributed using one of three methods: either by the implementation team or by local clinical academics or via Survey Monkey; here the link was emailed directly to the assessors and students involved. Data gathered from the surveys were descriptive statistics, to show trends and perspectives from the respondents. Where possible, comparative data was sought for illustration purposes between the students and the assessor groups with theming of participant's free comments; these are highlighted briefly in the results.

Focus groups were established with each of the six participating universities. Some of the clinicians were attending those universities for post-placement and supervisor preparation which improved attendance. Assessors and academics were in focus groups together within each of the six institution and students in separate focus groups to avoid

any possible factors (power differentials for example) that might have affected contributions (Delbecq, Van de Ven & Gustafson 1975). The focus groups were managed in the following way; firstly a general discussion on the use of NCAS; secondly moving on to more explicitly exploring the use of the NCAS document;

- i. Regulatory Competencies;
- ii. Employer Competencies;
- iii. Feedback about the workshop content
- iv. Any outstanding students or any challenging or failing students.

Data Analysis

The completed surveys were collated manually and all data was entered into SPSS files for analysis (Statistical Package for the Social Sciences Version 21) this was combined with the downloaded Survey Monkey data. Focus group discussion regarding the documentation and its use was also collated. The facilitator and research assistant recorded the interaction and the nature of the responses during the focus groups to explore this material both within the group and later to manage free text comments for thematic analysis by two independent reviewers. The main findings from this aspect of the survey are reported in a later paper.

Ethical Considerations

Ethical approval was from the ##### Human Research Ethics Committee (Approval no. HE08/142).

Results

The results present the findings of the survey beginning with an overview of the participant population, then the regulatory competencies and the employer competency sections of the NCAS documentation.

i. Demographics

There were eight clinical academics involved (n=8, 100%) who responded to the survey and attended the focus groups from five Australian states and territories. There were ninety five students who responded to the survey (n=115, 82.6%) who used NCAS during their workplace experience and forty three RNs/assessors (n=48, 89.5%).

Eight focus groups were held, six focus groups (one in each of the participating universities) involved assessors and academics, but due to timing and logistical reasons there were only two focus groups with students. The RN/assessor participants had been involved in nursing for more than 10 years, with 35% for more than 15 years. A number of clinical areas were represented with most (n=28, 65%) from acute hospital tertiary care; 8 came from community backgrounds (19%) and 5 from mental health services (11%).

The eight clinical academics had all been in nursing for more than 12 years. Five had broader roles than the clinical subject they coordinated; they had wider responsibilities for 'clinical practicum' in their nursing school.

The student population (n=115) consisted of first (20%; n=23), second (65%; n=75) and third year (15%; n=17) first session only students, were 85% were domestic students. Their ages ranged from 18 to 58 years with a mean of 26 years. Less than 15% (n=17) had a previous nursing qualification such as Enrolled nurse or Certificate IV in Aged Care.

ii. The findings

This section is subdivided into three parts; student and assessor data is presented in each section. Section (a) explores the regulatory competency; section (b) explores the employer competency with comments from the focus groups related specifically to either of these competencies then those comments are included here; and section (c) briefly explores the remaining points from the focus groups.

a. Regulatory Competency

From the perspective of the regulatory competency data (Table 5); unequivocally the majority of both sets of respondents strongly agreed or agreed that the regulatory competency component of the NCAS documentation provided support in assessing student competency.

Table 5: Student and Assessor Responses to the regulatory competencies

Regulatory Competencies Feedback (Figures are rounded %'s)	Student (n=95)					Assessor (n=43)				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
1. The Bondy (1983) scaling used made it clear regarding what was expected of: the student/from me (as a student) in each of the 10 areas.	20	68	10	2		40	54	6		
2. The overall rating of my/the students' performance was useful on the form.	28	64	5	3		46	51	3		
3. The guidance notes were helpful in identifying the rating that I was expected to achieve/to award the student.	26	59	11	3	1	41	56	3		
4. The time taken to complete NCAS was acceptable.	27	59	10	4	1	43	46	6	5	
5. There was sufficient space for my reflection by the student.	19	40	13	20	8	37	43	3	14	3
6. There was sufficient space for the RN/facilitator/educator to make comments about me.	19	68	7	6		34	60	3	3	
7. The form assisted structured feedback from the facilitator / educator.	25	60	13	2		37	51	11		
8. The information I received to complete NCAS was sufficient.	19	51	19	10	1	31	60	3		6

Similar levels of agreement were found in terms of how the NCAS document was to use for both student and assessor alike and in relation to the way it was structured to provide developmental feedback which scaffolds student learning and assists the facilitator to frame feedback appropriately.

A significant proportion of participating students (88%; n=84) either strongly agreed or agreed, that using the Bondy (1983) scaling made clear what was expected of them in terms of demonstrating their competency. This was mirrored in the responses of assessors, with 94% (n=40) strongly agreeing or agreeing with this statement. The overall rating of student performance was valued by students and assessors with 92% (n=87) and 97% (n=42) respectively. There was similarly positive agreement by students and assessors (85%; n=81 and 97% n=42 respectively) with item 3 “the guidance notes were helpful in identifying the rating that I was expected to achieve/to award the student?”

The time taken to complete NCAS (item 4) was seen to be acceptable with 86% (n=82) of students and 89% (n=38) of assessors 'agreeing' with this statement. Only 5% (n=6) of students and 5% (n=2) of assessors did not agree with this statement. Interestingly

related comments, explored within the focus groups, were made by assessors who were unable to attend preparation workshops. They commented that they found the document initially difficult to use but went on to say that that it was an intuitive document and once they used it - it was '*easy to use*' and provided '*good clear guidance on what was required*'. Several people said '*why can't we just use this now?*'

The lowest scoring sections related to the space made available on the hard copy forms for reflection and comments and the information participants received about how to complete NCAS. However, in actuality the space allocated for reflection was deemed adequate by 60% (n=57) of students and 80% (n=34) of assessors therefore this was not a major issue.

One group of assessors received an overview of the documentation rather than the full workshop activities and they made up the majority of responders to that item (n=4, making up the 'neither agree nor disagree' and the 'strongly disagree' categories). These respondents were also the assessors who did not agree with the item regarding sufficient time to complete the documentation.

b. Employer Competencies

A number of the eight employer competencies were used; respondents consistently said '*I observe them administering medications*' and '*I observe them providing care to groups of patients/clients*' in order to assess the students competence and students stated that '*carrying out the(se) employer competencies enable me to demonstrate my competence.*'

Table 6: Student and Assessor Responses to the survey regarding the employer competencies.

Employer Competencies Feedback (Figures are rounded %'s)	Students (n = 95)					Assessors (n = 43)				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
1. There was sufficient opportunity to utilise one or more of these competency assessments during your time/the student's time in the clinical area.	32	56	9	3		53	44	3		
2. The form clear and easy to use (to assess the student) against the competencies.	29	51	14	6		38	56		6	
3. The rating using Bondy was clear and easy to apply.	27	48	23	2		44	44	9	3	
4. Overall the schedule was simple and clear to use in the clinical setting.	32	53	11	4	1	39	49	10	2	
5. The overall rating of your/the student's performance was useful on the form.	35	57	4	3	1	49	45	6		
6. There was sufficient space for your/the student's reflection.	26	43	10	15	6	47	32	6	12	3
7. You were clear about what level of competence was expected of you/the student should demonstrate.	31	51	12	5	1	44	50	6		
8. There was sufficient space for comments from the facilitator/educator about you.	30	55	10	5		44	47	6	3	
9. The form assisted structured feedback from the facilitator/educator about you/to the student.	33	51	8	8		28	57	9	3	3
10. The information I received to complete the assessments was sufficient.	31	53	5	8	3	44	21	15	21	

As with the regulatory competency data, both students and assessors strongly agreeing or agreeing that the employer competencies in NCAS: were clear and easy to use students (80%, n=76) and assessors (94%, n=40); identified the competency levels expected of students (students: 82%, n=78 and assessors: 94%, n=40); and assisted in structuring developmental feedback (students: 84%, n=80 and assessors: 85%, n=37).

Similar strengths were noted e.g. 'ease of use to assess against the competencies' by 80% of students and 94% of assessors and 'using the Bondy (1983) scale' made what was required of the student clear with 75% of students (n=71) and 88% of assessors (n=38) agreeing. Similar points were raised about space on the document for reflection, in this case 69% of students (n=66) and 79% of assessors (n=34) stated that there was sufficient space.

The 6% of assessors (n=3) who ‘disagreed/strongly disagreed’ explained that they found the activity of giving the student feedback particularly challenging when it was about being unsuccessful. This aspect was explored further within the focus groups and respondents expressed a view that the NCAS guidelines provided ‘better’ and ‘more structured’ information on which to explain their assessment to the student about their progress and strengths as well as areas for development, but probably more importantly it enabled the assessor to provide clear information to both the student and the university about a ‘failing’ student.

‘I feel much more confident in being able to explain why ‘the student’ is failing than before.’

Assessor respondent.

Student participants agreed explaining that the guidelines gave them a clear structure to work towards achieving their competence as they progressed through the programme.

‘I could ‘see’ what I needed to do and how I needed to do it to show I was competent.’

Student respondent.

c. Focus group(s)

A number of key themes arose from the focus groups; ‘clear indication of what was expected’; ‘overarching structure’; ‘developmental framework which was clear to student and assessor’; ‘helpful guidance notes’ and ‘overall performance grading’

‘Clear indication of what was expected’

The regulatory competency component of NCAS was highlighted by both students and assessors;

“...using highlighted sections indicating what was expected of the student was really helpful as it made it clear what was expected...”

Assessor comment

Students similarly expressed the view:

“I knew what was expected of me and could see from NCAS how I need to be able to demonstrate that I could perform and be competent...”

Student comment

‘Overarching structure.’

This related to the employer competencies;

“...having to articulate what was expected and what information and evidence to gather helped me feel more confident...before I even got to the patient...”

Student comment

Students stated;

“...carrying out the things we are expected to do as nurses and being assessed on those things like the employer competency ...were really challenging but they gave me confidence that I could do it...”

Student comment

‘Developmental framework’ and ‘helpful guidance notes’

The guidance notes in the NCAS documents, the student’s said, provided clarity within a structured framework that they could use to guide them in developing both their regulatory and employer competencies.

“...its really important to be able to communicate with patients - at the same time be able to assess an ill person or manage with them their medication...”

Student comment

The non-achieving student continues to be challenging;

“...the use of the self-rating of both the regulatory and employer competencies enabled me to ‘work together’ with the student identifying strategies for improvement...”

Assessor Comment

Interestingly no students failed their workplace experience but a number of assessors stated that they had a few ‘struggling’ students.

Clinical academics expressed the view that dealing with the non-achieving student was challenging but that using NCAS provided clarity as the document was clear and all parties knew what was expected in terms of the level of competence and how it should be demonstrated. This was mirrored in the comments of the assessors acknowledging the difficulties. The clinical academic commented that

“...using the NCAS comments sections, with structured developmental feedback; using the guidelines does make it easier.. .. more ‘defensible’ when dealing with students who lack insight...”

Clinical academic comment

‘Overall performance grading’

Respondents saw this as a way of saying ‘*..the students better than just a pass..*’ and they believed that they would add supportive comments but being able to tick ‘good’ or ‘excellent’ would add more to the feedback. Students agreed stating that:

“...somehow satisfactory seemed almost negative so when my assessor ticked excellent I felt a sense of achievement...”

Student comment.

Whilst being assessed in the employer competencies students found this challenging but believed that this reflected the work of the nurse and so was ‘appropriate to be assessed’ (e.g. ‘Managing the Care of a Client/Patient’ or ‘Monitoring and Responding to Changes in a Client-Patients Condition’) in a number of different workplaces. The students described however that they ‘*valued this type of assessment as when I was successful I felt a sense of professional achievement*’.

Student feedback indicated that using NCAS facilitated a better understanding of what was expected of them in what they saw as the work of the nurse. It was commented on several times that they struggled with what they had to do to demonstrate competence, but that using NCAS made that clearer. Another overarching comment made was that NCAS was

‘....significantly better (once explained in the workshops) as the level and areas of competency students were meant to ‘demonstrate’ was clearer than before when using the existing university assessment of practice tools.’

Student comment

Students acknowledged that they were not best placed to make this judgement about what ‘they’ needed to be assessed in but they believed that they should understand what they need to do to demonstrate their competence.

Students and assessors valued the workshop(s), particularly having explained how NCAS was developed and designed; also the opportunity to see the documentation. To be able to use NCAS through utilising the vignettes and working in pairs and small groups as assessors enabled participants to see how to use the NCAS guidance notes and interpret the levels of competence expected from the student.

Discussion

Students, assessors and clinical academics confirmed the value of using NCAS in assessing student nurses during workplace experience. The responses were unequivocal; the NCAS documentation provided focus and clarity on what was expected, by the university, of that student at that point in the programme – both in terms of regulatory and employer competency achievement. The overall numbers of student and assessor respondents are reasonable for a descriptive study.

Further evaluative research, in terms of ongoing benchmarking, should be pursued in the future as well as continued development of web and mobile data capture devices so that wider benchmarking and student and assessor metrics can be captured.

Assessors indicated that the NCAS developmental framework along with the NCAS guidance notes probably will reduce the number of non-achieving students who lack personal insight into their lacking capability.

Interestingly, in the development phase, there was clearly a tension between keeping the reflective section of NCAS to a manageable size; some assessors and clinical academics believed the student would want to fill the space if it was larger, and some students said the size of the space gave them some indication of how much was ‘required’ – an electronic solution will readily deal with that challenge.

On the whole the regulatory competency component of NCAS was received positively with clearly strong agreement about the efficacy of the document in terms of its guidance notes, presentation, completion time and identification of the levels expected of the student, from both key stakeholder groups.

Conclusion

The main outcomes were achieved in this study – through a robust evaluation strategy the NCAS documentation was extremely positively evaluated by the main stakeholders, the students and workplace assessors; the evaluation process illustrated that the schedule

does support and enhance the assessment of nursing students competence to practice and that the students and assessors valued the supportive structure that it provided.

The nursing competency assessment schedule (NCAS) does support assessors to assess nursing students in developing their competence; and that the package of documentation including the guidance notes supports the student in terms of providing a clear developmental framework.

The guidance notes not only illustrate what was expected of the student in terms of demonstrating their competency; but also enabled the assessor to assess the student against the competency and if necessary provide specific guidance to support them or perhaps more importantly provided a framework to justify stating that a student is not competent. A particular area of challenge for nursing registration programmes nationally and internationally.

The value of both the 'employer and regulatory competencies' was also clearly identified (Allen 2000) by students assessors and clinical academics. Any concerns about the amount of time required to complete the documentation were not found in this evaluation.

There are significant implications for both education and course accreditation and approval. The need for a consistent, valid and reliable approach to assessing student nurses in eligibility to practice programmes is vital to maintain quality and safety of patient/client care. The evaluation of the use of NCAS by key stakeholders is unequivocal.

References

- Allen, D., 2000. What are the competencies required by entry level nurses at Stanton Regional Hospital? Master of Arts Thesis, Royal Roads University, Canada.
- Axley, L., 2008. Competency: a concept analysis. *Nursing Forum* 43 (4), 214–222
- Australian Nursing & Midwifery Accreditation Council, 2012. Registered Nurse Accreditation Standards. Australian Nursing & Midwifery Accreditation Council, Canberra, AUS.

Birks, M., Cant, R., James, A., Chung, C., Davis, J., 2013. The use of physical assessment skills by registered nurses in Australia: Issues for nursing education. *Collegian* 20, 27-33

Black, J., Allen, D., Redfern, L., 2008. Competencies in the context of entry-level registered nurse practice: a collaborative project in Canada. *International Nursing Review* 55, 171–178.

Bondy, K., 1983. Criterion-referenced definitions for rating scales in Clinical Evaluation. *Journal of Nursing Education* 22(9), 376-382

Brown, R.A., Crookes, P.A., 2016. How do expert clinicians assess student nurses competency during workplace experience? A modified nominal group approach to devising a guidance package. *Collegian*, (article in press). Accessed: 23-Feb-2016:

<http://www.collegianjournal.com/article/S1322-7696%2816%2900005-6/abstract>

Council of Deans of Nursing & Midwifery of Australia and New Zealand. 2011. Accessed 16-Feb-2016 http://www.cdnm.edu.au/wp-content/uploads/2011/11/full_report.pdf

Crookes, P.A., Brown, R.A., 2010. The development of a pre-registration nursing competencies assessment tool for use across Australian universities, OLT, Sydney, Australia

<http://www.olt.gov.au/project-development-undergraduate-uow-2007>

Delbecq, A.L., Van de Ven, A.H., Gustafson, D.H., 1975. Group techniques for program planning: A guide to nominal group and Delphi process. Glenview IL: Scott Foresman.

Duchscher, J.E.B., 2009. Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing* 65(5), 1103–1113. doi: 10.1111/j.1365-2648.2008.04898.x

Lewis, C.H., 1982. Using the “Thinking Aloud” Method in Cognitive Interface Design (Technical Report). IBM. RC-9265.

Meretoja, R., Isoaho, H., Leino-Kilpi, H., 2004. Nurse competence scale: development and psychometric testing. *Journal of Advanced Nursing* 47 (2), 124–133.

Nursing and Midwifery Board of Australia, 2006. National Competency Standards for the Registered Nurse, (Formerly ANMC), Canberra, Australia.

Stevahn, L., King, J.A., Ghore, G., Minnema, J., 2005. Establishing Essential Competencies for Program Evaluators, *American Journal of Evaluation* 26(1), 43-59

DOI: 10.1177/1098214004273180

Stufflebeam, D.L., 2001. Evaluation Models, Western Michigan University Evaluation Center's Occasional Paper Series, 7-98.

Yanhua, C., Watson, R., 2011. A review of clinical competence assessment in nursing. *Nurse Education Today* 31, 833-836.

Watson, R., Stimpson, A., Topping, A., Porcok, D. 2002. Clinical Competence assessment in nursing: a systematic review of the literature, *Journal of Advanced Nursing* 39(5), 421-431.